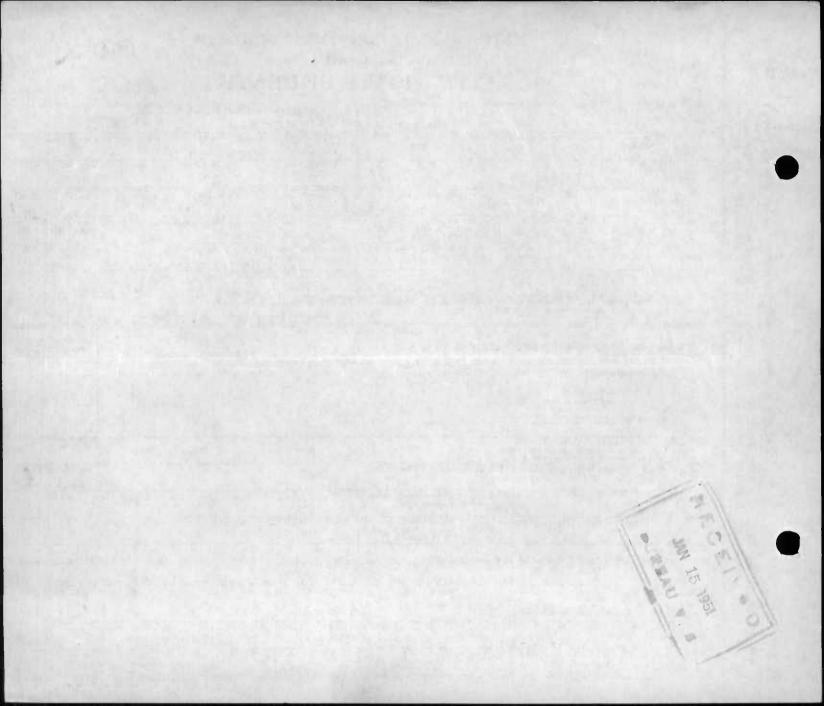
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of working life, even if retired) 10b. Kind of working life, even if retired) 11c. FATHER'S NAME 11c. FATHER'S NAME 11d. MOTHER'S MAIDEN NAME 11d. MOTHER'S	MARYLAND STATE DEP 2411 N. Charles	PARTMENT OF HEALTH Street, Baltimore	Ü
CUNTY (if outside corporate thinks, write HURAL and LENGTH OF STAY TOWN) CITY (if outside corporate thinks, write HURAL and LENGTH OF STAY TOWN) TOWN TOWN TOWN	CERTIFICAT	'E OF DEATH Reg. Dist. No.	185-
CITY (If outside corporate limits, write 1901AL and LENGTH OF STAY OF WARD COUNTY) (If outside corporate limits, write RURAL and give nearest town) Of War (In this place) (In	COUNTY HARTORY MARYLAND	STATE Maryland CCEC	
INSTITUTION OR STREET ADDRESS INAME OF DECEASED (Month) (Day) (Year) (Month) (Day) (Year) DECEASED (Month) (Day) (Year) DECEASED (Month) (Day) (Year) (Month) (Day) (Year) DECEASED (Month) (Day) (Year) (Month) (Day) (Year) DECEASED (Month) (Day) (Year) DECEASED (Month) (Day) (Year) DECEASED (Month) (Day) (Year) (Month) (Day) (Year) DECEASED (Month) (Day) (Year) (Month) (Day)	TOWN give nearest town) HAURE (IE JACE (in this piace)	CITY (If outside corporate limits, write RURAL and giv	re nearest town)
DECEASED (Type of Print) 5. SEX / 6. COLON OR RACK / 7. SINGLE, MARRIED. WIDOWED, DIVORCED. (Specify) DIVORCED. (SPECIFICATION) (SPECIFICATION) (COUNTY) (STATE) (SPECIFICATION) (SPECIFICATI	STREET ADDRESS HAR JOR O MILEMORIAL NOSP.	ADDRESS	/
Temale White Widowen Divorein General Genera	(Type or Print)	AUNON OF TANUARY	12 1951
13. FATHER'S NAME ORMAN O	TEMALE White WIDOWED, DIVORGED. (Specify) 311 G/E 10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Busumess or	M BIRTHPLACE (State or foreign country) 12	Days Hours Min.
(Yes, no, or unknown) (If yes, give war or date/of	13. FATHER'S NAME NORMAN J. BANNON Jn.	14. MOTHER'S MAIDEN NAME LOVITH MARIE 1	11-00
Interval Between Onset and Death Immediate cause (a) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No C 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.) HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?	(Yes, no, or unknown) (If yes, give war or date of service)	Norman Bannon Sr., Port De	posit.
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 2 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	hit>	INTERVAL BETWEEN ONSET AND DEATE
21. ACCIDENT SUICIDE OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?	Conditions contributing to the death but not related to the disease or condition causing death.		
SUICIDE OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?		: (CITY OF TOWN) (COUNTY)	Yes D No Ø
INJURY m. Work At work	SUICIDE OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	,	(STATE)
22. I hereby certify that I attended the deceased from 1.12, 1951, to 1.12, 1951, that I last saw the deceased alive on 1.12, 1951, and that death occurred at 1.12 from the causes and on the date stated above. SIGNATURE Saudelli MD House de Race Md 1.12.51	alive on 1.12 , 19.51, and that death occurred at/ SIGNATURE Sandelli MD (Degree or title) Ho	ADDRESS Roce Md	ated above.
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) BUT181 Harmony Chapel Rowlandville, Md.	REMOVAL (Specify) Burial 1-13-1951 Harmony	Chapel Rowlandville, M	Md.
Perryville, Md.		Wee a Catters and & Soo	U.



MARYLAND STATE DEPARTMENT OF HEALTH

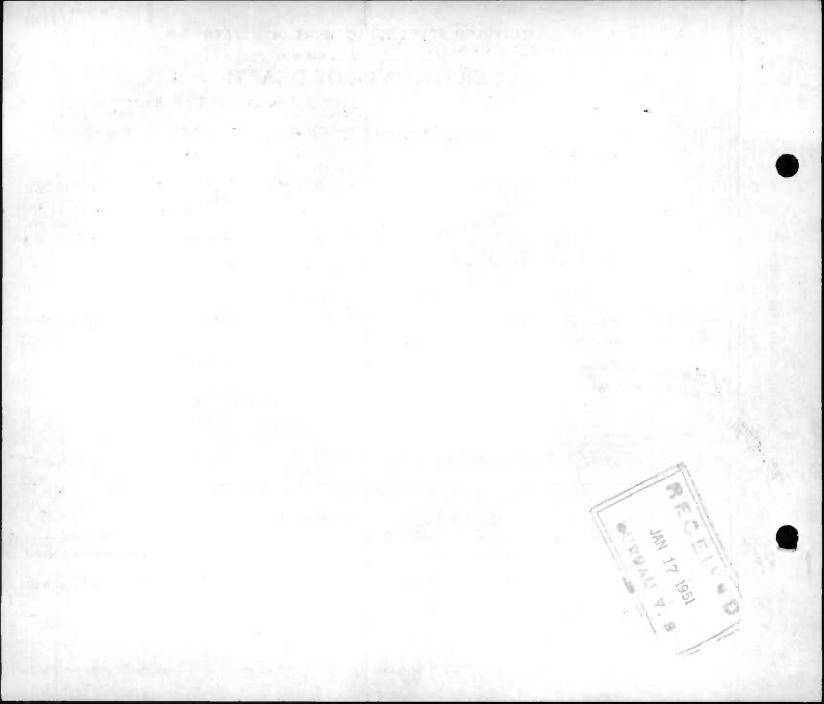
2411 N. Charles Street, Baltimore

11544

CERTIFICATE OF DEATH

Reg. Dist. No

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Tarlord MARYLAND	STATE Md. COUNTY Larlard
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	OR CITY (If outside corporate limits, write RURAL and give hearest town)
TOWN Coveragen	TOWN Whiteler
HOSPITAL OR INSTITUTION OR STREET ADDRESS 38 Last. St.	STREET ADDRESS 38 Jaff. (If rural give location)
3. NAME OF DECEASED (Middle) (Type or Print) Villiam (Middle)	Saulity 4. DATE (Month) (Day) (Year) DEATH (an. 13 1951
6. COLOR OR BACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Harried	8. DATE OF MRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min. Min.
done during most of working life, eyen if retirety industry a. F. b. Md.	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 4.3. A.
Wine. Hewry Bautlity	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	Mrs. Eva May Bankht
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	WITH MYOCARDIAL INFARETION
Antecedent cause(s)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	ARDIOVASCULAR DISEASE
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🗆 No 🖎
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work At work	HOW DID INJURY OCCUR?
0	0.00 12
22. I hereby certify that I attended the deceased from and	, 193, to, 193, that I last saw the deceased
alive on 3, 19.5%, and that death occurred at./	D: 10 P m. from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Att Kamsey 29.0.	aberden 2rd 6 14/9-1
23. BURIAL, CREMATION DATE BEMOVAL (Specify) NAME OF CEMETE	BY OR CREMATORY LOCATION (City, town, or county) (State)
BEMOVAL (Specify) Jan. 17 1950 angul	fell staired charle Md.
DATE REC'D BY LOCAL TREGISTRAR'S SIGNATURE REG. 5-945 College 3- Signature	24. PUREBAL DIRECTOR ADDRESS
	1 VI All sal
	(0/3 4/0 Md.



PLEASE

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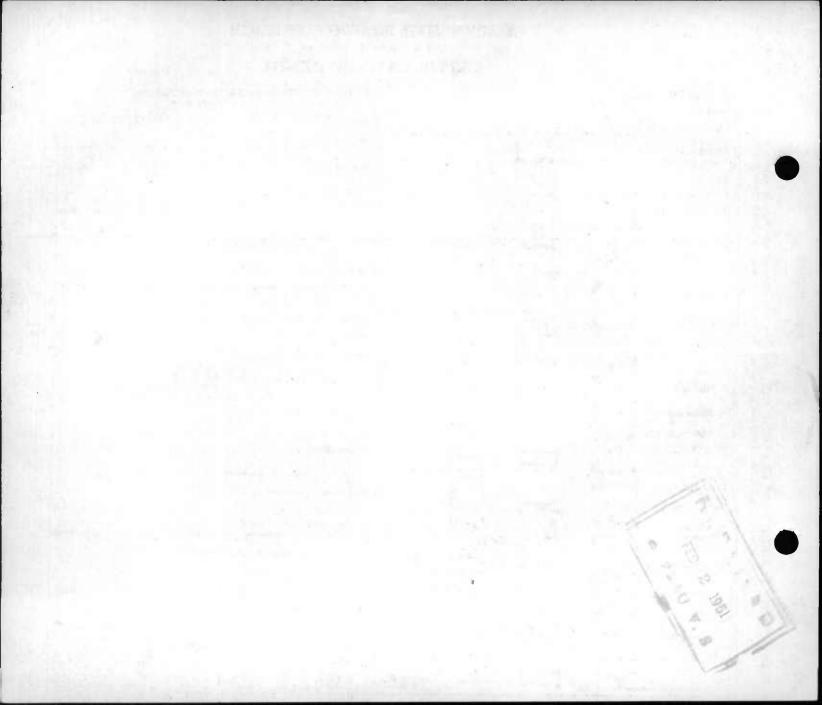
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0548

CERTIFICATE OF DEATH

1. PLACE OF DE	WAK	FORD.		2. USUAL RESIDENCE (ive residence of	mother)	
County			***************************************	State MARYLAND County HARFORD.		D .	
(If	outside city or town	limita write RURA	L and give nearest town)	City or town			
How long in above place Hospital, institution, or	e of death?	a death occurred:					
nospital, institution, of	r street address when	e geath occurred.		Street No. UAUGHN		e LOCATION)	.e
How long in hospital o	or institution?		······································	2.(a) If veleran, name war			
3. (a) FULL NAM	NELSO	ON :	B. BOLL			3. (b) Social Security 1 196-18-6	
4. Sex	5. Color or race	6.(a)Single, ma	rried, widowed, or divorced	MI	DICAL C	ERTIFICATION	16
M	W/		W.			4N 1951	12:45A
6.(b) Name of husband	or wife	INKNOW	N ,	21. I CERTIFY that death occurre	ed on the date ab	ove stated; that I attended decea	sed from
			alive, give ageyears	and that I last saw h.L.Yal		31 JAN	165-1.
7. Birth date of deceased (mo., day.	yr.) A	PRIL 4	1884	Immediate cause of death			DURATION
8. AGE: Year	s Months	27	if tess than one dayhrsmin.	PULMONA	RY E	DEH A.	IHOUR
must be be a	UNKN	NWO		Due to ARTERIO- &	SCLERO	T(C	
9. Birthplace	(Tow	n. county, and state)	CARDID	-UASCU	TIC LAR DISCASE ION	3 YRS.
10. Usual occupation.	CLEK	? [STORE	Due to E HYPER	75NS	ON	ORMOR
Table 1		NOWN					
12. Name				Differ conditions			***************************************
	12016	NowN.		(Include preg		months of death)	
HLOW 14. Malden name			***************************************	Major findings of operations		NONE	
15. Birthplace					*******	Date of op	
16. Informant				Autopsy results PHYSICIAN: Please underline	the cause to w	which death should he charged	statistically.
Address	Be/	AIT, 1		22. VIOLENCE: tf death was o			
17. Burial, cremation	C	Date thereof	Jeff 2 5-1 (morti) (day) (year)	Accident, suicide, or homicide			
(Burial, cremation	n, or removal. Whice	h?) • ///////	(month) (day) (year)				
Cemetery or cremat	lory Ocean	A	M Nasaur	Where did Injury occur?	(City or town)	(County)	(State)
Location	elfen	ms		Injured at home, farm, industry,	public place (where?)	********************************
10 Europal discalar	po.	Tester		Means of Injury		tnjured at work?	
1B. Funeral director Address	003	lan 1	nd	~ 7/	1/1/	bourd ?	m, Θ .
not on o	sink cop	y Par	cilla famul	23. SIGNATURE.		M, D, c	or other
(Date rec'd by r	egistrar)		Registrar	Address Della	W, I	Date signed.	519au 01



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

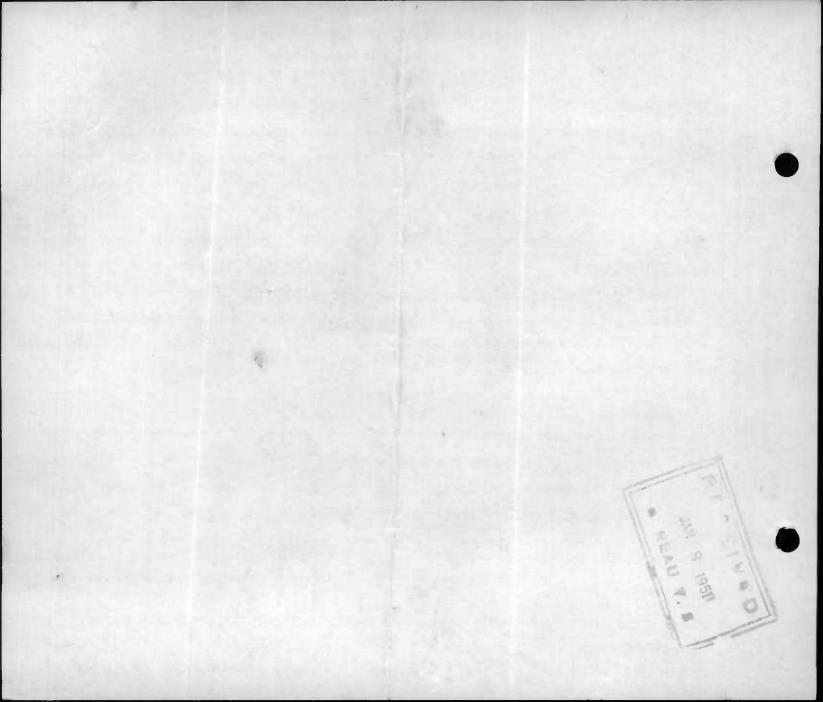
	Reg. Dist. No
1. PLACE OF DEATHY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
Hayria MARYLAN	
OR give nearest town/	lace) OR
HOSPITAL OR	TOWN (I OH BE CIL HUTA
INSTITUTION OR STREET ADDRESS	ADDRESS Bush Dhafel Road
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Wary aua	Wrausou DEATH Jan 15T 195
5. SEX 6. COLOR OF RAGE 7. SINGLE, MARRIE WIDOWED, DIVOR (Specify) Nac.	S. DATE OF BIRTH 9. AGE last birdday If under 1 year If under 24 hrs. GED. GARI Etk 1880 70 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) INDUSTRY	BSS OR W. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MADEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY	No. 17. IMPORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of	Youta R. Brauson
	CAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATE	INTERVAL BETWEEN
	72
Immediate cause (a)	1 N TONWO916 12 NC.
272 X	A doubt la
Antecedent cause(s) Diseases or conditions, if any, (b)	14-TUTIMO1810815 10 VF.
giving rise to the above cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	other than senility
19a. DAKE OF OPERATION 19b. MAJOR FINDINGS OF OPERA	TION 20. AUTOPSY?
VOGE 1	Yes No D
21. ACCIDENT Specify) PLACE (Home, farm, factory OF office bldg., etc.) NUCLIDE OF OFFICE (Home, farm, factory OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	
INJURY V m. Work At wor	
at A: 1 conference and the defendation 12	3 50 , 19 , to \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
22. hereby certify that I attended the deceased from	, 19, to, 15, that I last saw the deceased
live on 9 30 1950, and that death occurr	ed at
SIGNATURA (Degree or title	a) ADDRESS DATE SIGNED
Villa I Vandaman II I .	Waralla . M. 1-2-51
	EMETERY OR CREMATORY LOCATION (City, town, or county) (State)
	Calory Cemetery aberdeen Harford to red.
PATE REC'D BY LOCAL PROMETRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 5-195 lelle J. Mey	1 Newry Tarring and Hous alerdeon
71	7.0
	ale .

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

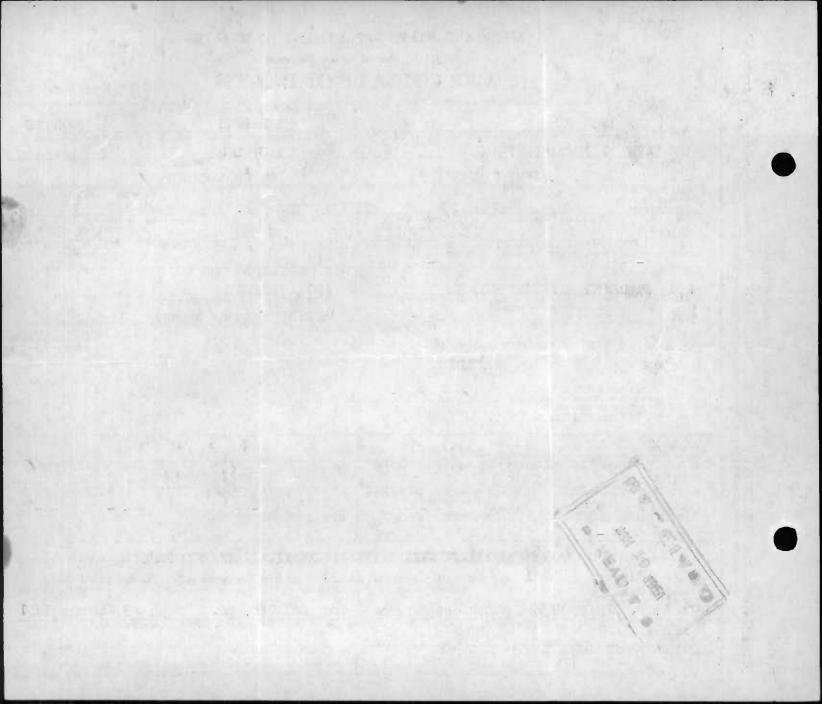
CERTIFICATE OF DEATH

0550

Reg. Dist. No. 180

1. PLACE OF DEATH. COUNTY 1. PLACE OF DEATH. COUNTY STATE AADTTAARD COUNTY	
HARFORD MARYLAND MARYLAND	HARFORD
OR give nearest town) Tolks of the RURAL and LENGTH OF STAY (If outside corporate limits, write RURAL and give OR	nearest town)
OR give nearest town TOWN ARMY CHEMICAL CENTER (in this place) OR TOWN EDGEWOOD	
HOSPITAL OR STREET (If rural, give location)	
STREET ADDRESS U. S. ARMY DISPENSARY ADDRESS 27A GODDARD STREET	
	(Day) (Year)
(Type or Print) ROY FREDERICK BREITSPRECHER Jr. DEATH JANUARY	3 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday II under 1.	rear If under 24 hrs
MALE WHITE WIDOWED SINGLE AUGUST 8, 1950 yrs. Months 1	Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (State or foreign country) 12,	CITIZEN OF WHAT
done during most of working life, even If retired) INDUSTRY MARYIAND	UNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
ROY FREDERICK BREITSPRECHER ANGES ORLDSKY	
IK WAS DECRASED FURR IN ILS ARVED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT AND ADDRESS	
(Yes, no or unknown) (If yes, give war or dates of Service) FATHER (Same as above)	
18. MEDICAL CERTIFICATION	
	INTERVAL BETWEEN ONSET AND DEATH
	OHOLI MID DEMIS
Immediate cause (a)_ANOXIA	
Transfer of the second	
Antecedent cause(s) Diseases or conditions, if any, (b) BRONCHIAL PNEUMONIA	
giving rise to the above cause	
stating the underlying cause last	
(e) II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death. NONE	
19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	
	20. AUTOPSY?
NONE NONE	37
NONE NONE 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, : (CITY OR TOWN) (COUNTY)	Yes No X
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) (CITY OR TOWN) (COUNTY)	Yes 🗆 No 🗸
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?	Yes 🗆 No 🗸
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE NONE OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While HOW DID INJURY OCCUR?	Yes 🗆 No 🗸
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?	Yes 🗆 No 🔏
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE NONE OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While HOW DID INJURY OCCUR?	Yes No X
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE NONE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While Mork At work 1 At work 2 22. I hereby certify that XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Yes No A (STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NONE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Mork At work INJURY 22. I hereby certify that XIVIGATION At work INJURY OCCURRED At work INJURY INJURY I last saw alive or January 3, 1951, and that death occurred at 11:30A.m., from the causes and on the date state	Yes No A (STATE) v the deceased ed above.
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE NONE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at N	Yes No A (STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE NONE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While At work 22. I hereby certify that XIII (Degree or title) ADDRESS ADDRESS (CITY OR TOWN) (COUNTY) (COUNTY	Yes No X (STATE) v the deceased ed above. DATE SIGNED uary 1951

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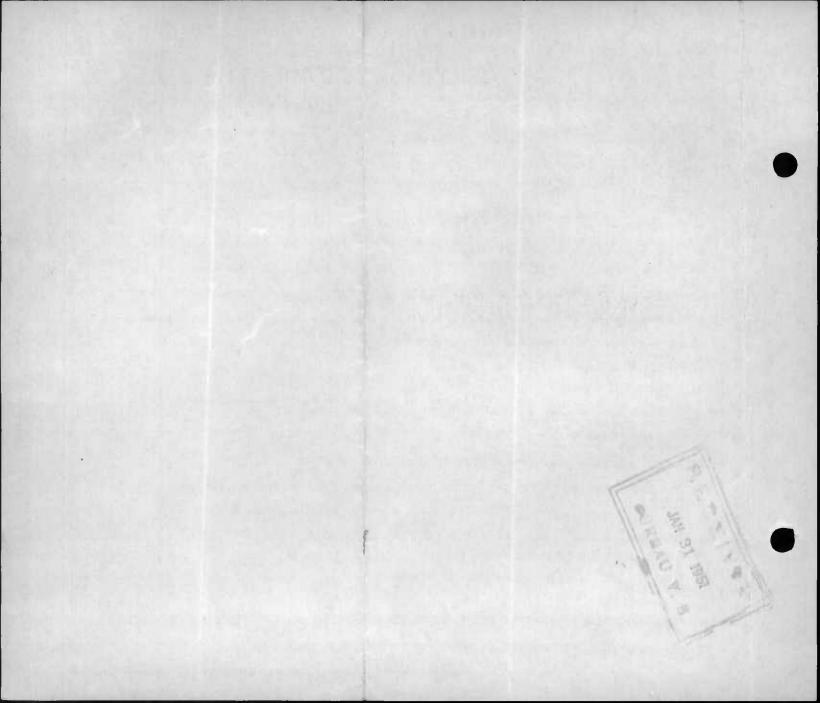
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

ODKI W KOM	Reg. Dist. No
1. PLACE OF DEATH- COUNTY LATINO MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY arford
CITY (If outside coporate limits, write RURAL and OF STAY (in this place)	CTTY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Alerdeln Are. Extended	STREET ADDRESS Belair and the tended
3. NAME OF DECEASED (Type or Print) Ligabeth Dellinger	OLASTICE 4. DATE (Month) (Day) (Year) OF DEATH An. 2 6 195/
5. SEX 6. COLOR OR BACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Ladoured	8. DATE OF BIRTH 9. AGE last birthday If under 1 year Honder 24 hrs. June 4,/880 70 yra. Months. Days Hours Min.
done during most of vorting life, even if retired) Multiple State of Vorting life, even if retired INDUSTRY Multiple State of Vorting life, even if retired INDUSTRY	M/BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 4. S. A.
13. FATHER'S NAME Dellinger	14. MOTHER'S MAIDEN NAME Phillips
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS White
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Pulmonary Elem	2 Terminal
74× Antecedent cause(s) C Diseases or conditions, if any, (b) Arterios of Brotic	Heart Disease a mo.
giving rise to the above cause stating the underlying cause last (c) 120003001W0W2	of Venus o Metastases 4/2 mo.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
192. DATE OF OPERATION 193. MAJOR FINDINGS OF OPERATION ADENCED TO THE PROPERTY.	THE THE PARTY OF T
21. ACCIDENT (Specify) SUICIDE HOMICIDE SUICIDE HOMICIDE SPECIFY OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY OCCURRED While at Not While At work	HOW DID INJURY OCCUR?
	19.50, to 1-20, 19.71, that I last saw the deceased
alive on 125 19.5, and that death occurred at (Degree or title)	ADDRESS DATE SIGNED
Burias Jan 29195 Mr 3	con Harford Co. Md.
PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Madson Michell Lured Gaer



Evidence for change in 8 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

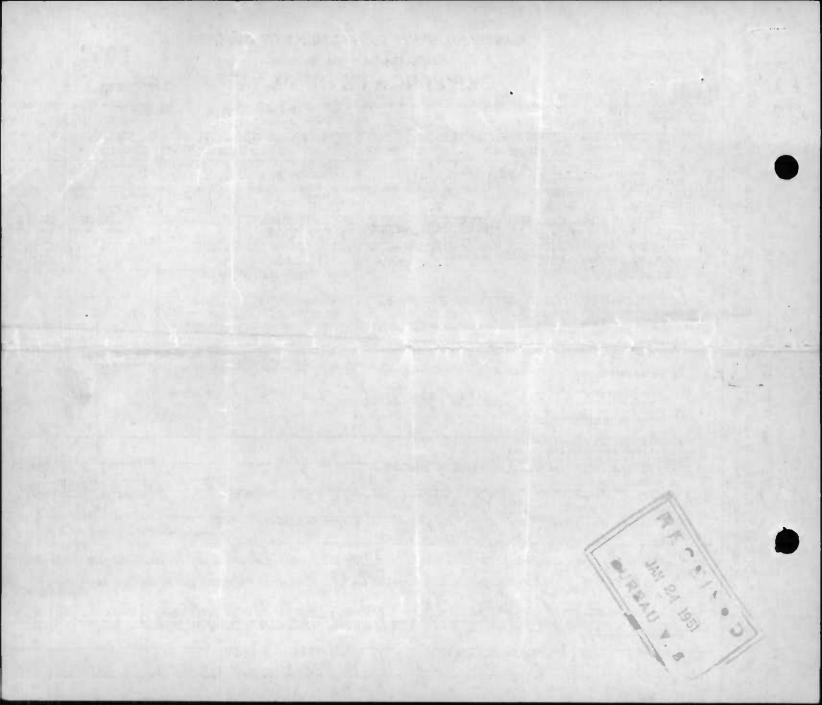
2411 N. Charles Street, Baltimore

0552

98 44 49			CERTIFICATE OF DEA	ATH
MA NO.	G	130FFR	1 some	

Reg. Dist. No. 18

I. PLACE OF DEATH-				
	(1)	2. USUAL RESIDENCE (HO	ME) OF DECEASED.	
county Harford	MARYLAND	STATE Maryland	CO	OUNTY Harford
	LENGTH OF STAY (in this place)	OR A handso		
TOWN		TOWN Aberdee	n Proving Gro	ound
HOSPITAL OR U.S. Army Hospita INSTITUTION OR BACKET ADDRESS Aberdeen Proving	1	STREET ADDRESS Apt #2	Ouarters 948	lon)
		Apt #2	Qual vers 740	
TO ESCURE A CHESTO	Middle)	(Last)	4. DATE (Month	
(Type or Print)		IPMAN	DEATH Janua	0 2 107 -
Male White Spec		9 Nov 1969 8	42 yrs.	under 1 year onths Days Hours Min.
100 USUAL OCCUPATION (Give kind of work 10h Ki		II. BIRTHPLACE (State or I		12. CITIZEN OF WHAT COUNTEY? US
13. FATHER'S NAME		14. MOTHER'S MAIDEN,	JAME '	
ancurur		anna o	ruce	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. So	CIAL SECURITY NO.	17. INFORMANT AND A Personnel Sect	PDRESS	11.3
(Yes, no or unknown) (If yes, give war or dates of service) CULTENT	1	Personnel Sect	ion - Hq, APC	i, Mid.
V V	18. MEDICAL CERT	TIFICATION		P
I. DISEASES OR CONDITIONS DIRECTLY LEADING			- Art	INTERVAL BETWEEN ONSET AND DEATH
it atto	in of a constant	hain fue to throw	Lucia Fearn	are lower
Immediate cause	" or my ocal"			27 1021946
420 Antecedent cause(s)	inos longti	i boart for	sease	
Diseases or conditions, if any, (b)		Chemi		23,017
stating the underlying cause last				0
(e)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
Conditions contributing to the death but not	S OF OPERATION			20. AUTOPSY?
Conditions contributing to the death but not related to the disease or condition causing death.	S OF OPERATION			20. AUTOPSY1
Conditions contributing to the death but not related to the disease or condition causing death. 19s. DATE OF OPERATION 19b. MAJOR FINDING 21. ACCIDENT (Specify) PLACE (Home SUICIDE OF office bits of the death but not related to the death.	S OF OPERATION e, farm, factory, street,	(CITY OR TO	WN) (COU	
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDING 21. ACCIDENT (Specify) PLACE (Home of office black) NATION SUICIDE OF office black NATION TIME (Month) (Day) (Year) (Hour) NATION OF While at	e, farm, factory, street, dg., etc.) OCCURRED Not While	(CITY OR TO		Yes 2 No 🗆
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDING 21. ACCIDENT (Specify) PLACE (Home OF office bl INJURY TIME (Month) (Day) (Year) (Hour) INJURY	e, farm, factory, street, dg., etc.) OCCURRED Not While At work	HOW DID INJURY OCCI	JR?	Yes 15 No [] NTY) (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION I9b. MAJOR FINDING A O M C I9b. MAJOR FINDING 21. ACCIDENT Specify PLACE (Home OF office bit INJURY INJURY TIME (Month) (Day) (Year) (Hour) INJURY OF While at Work 22. I hereby certify that I attended the decease	o, farm, factory, street, dg., etc.) OCCURRED Not While At work	HOW DID INJURY OCCU	JR1	Yes 15 No
Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION I9b. MAJOR FINDING A O M C I9b. MAJOR FINDING 21. ACCIDENT Specify PLACE (Home OF office bit INJURY INJURY TIME (Month) (Day) (Year) (Hour) INJURY OF While at Work 22. I hereby certify that I attended the decease	o, farm, factory, street, dg., etc.) OCCURRED Not While At work	HOW DID INJURY OCCU	JR1	Yes 15 No
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDING 21. ACCIDENT (Specify) PLACE (Home of office black) 10 pt. 1	o, farm, factory, street, dg., etc.) OCCURRED Not While At work	HOW DID INJURY OCCI	JR1	Yes 15 No
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDING 21. ACCIDENT (Specify) PLACE (Home OF office bl. HOMICIDE 1NJURY 1NJURY 1NJURY 1NJURY While at Work 22. I hereby certify that I attended the decease alive on 11 and 12 and 14 and 14 and 15 and 16 and 17 and 18 and 18 and 19 and 18 and 18 and 18 and 19 and 18 and 18 and 19 and 18 a	o, farm, factory, street, dg., etc.) OCCURRED Not While At work ed from 4 Take (Degree or title)	HOW DID INJURY OCCU 1917, to 5.14 45 A.m., from the cappress	JR1	Yes No No NTY) (STATE) ast saw the deceased ate stated above.
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDING 21. ACCIDENT (Specify) PLACE (Home OF office bl. HOMICIDE 1NJURY 1NJURY 1NJURY 1NJURY While at Work 22. I hereby certify that I attended the decease alive on 11 and 12 and 14 and 14 and 15 and 16 and 17 and 18 and 18 and 19 and 18 and 18 and 18 and 19 and 18 and 18 and 19 and 18 a	e, farm, factory, street, dg., etc.) OCCURRED Not While At work ed from death occurred at	HOW DID INJURY OCCU 19 17., to	JR1	Yes No ONTY) (STATE) Last saw the deceased ate stated above. DATE SIGNED
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDING 21. ACCIDENT (Specify) PLACE (Home OF Office bit INJURY) TIME (Month) (Day) (Year) (Hour) INJURY While at Work 22. I hereby certify that I attended the decease alive on the decease alive on the decease of the	e, farm, factory, street, dg., etc.) OCCURRED Not While At work ed from # Tax leath occurred at Tax (Degree or title) NAME OF CEMETER NAME OF CEMETER	HOW DID INJURY OCCU 19 17., to	auses and on the da	Yes No ONTY) (STATE) Last saw the deceased ate stated above. DATE SIGNED
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDING 21. ACCIDENT (Specify) PLACE (Home off office bit INJURY INJURY TIME (Month) (Day) (Year) (Hour) INJURY OF INJURY Work Work 22. I hereby certify that I attended the decease alive on C	e, farm, factory, street, dg., etc.) OCCURRED Not While At work ed from # Tax leath occurred at Tax (Degree or title) NAME OF CEMETER NAME OF CEMETER	HOW DID INJURY OCCU 19.7., to	auses and on the da	Yes No ONTY) (STATE) Last saw the deceased ate stated above. DATE SIGNED Frounty) (State)



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MARYLAND STATE DEPARTMENT OF HEALTH

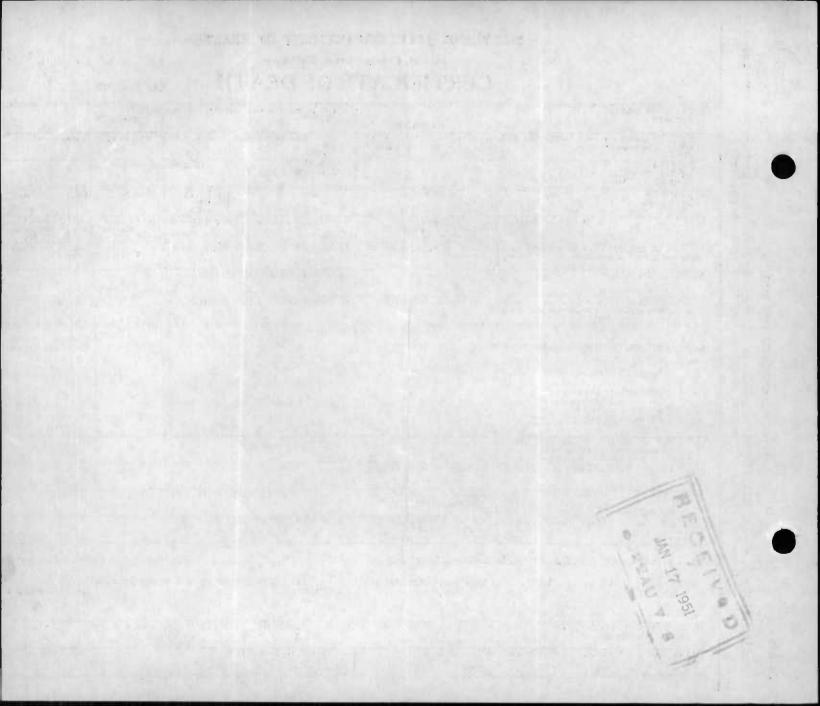
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0553

Reg. Dist. No. 18/

1. PLACE OF DEATH- COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	Y Harles d.
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN Prynam, M.	ve nearest fown)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oberdeen Post Office	STREET ADDRESS Oberdeen Post	Office
3. NAME OF (First) (Middle) (DECEASED (Type or Print) Solomon (Benjamin	Christif 4. DATE (Month) OF DEATH	(Day) (Year) /3 195/
5. SEX Nale 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Nursed	8. DATE OF BIRTH 9. AGE last birthday If under Months Dec. 4, 1877 73 yrs.	Days Hours Min.
done during most of working life, even if retired) Advances 10b. Kind of Business or Industry Construction	Perryman, md.	COUNTEY? 2. S. a
Jacob C. Christy	14. MOTHER'S MAIDEN NAME Harriett Reed	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (II yes, give war or dates of service)	Mrs. Mary Christy - aberdeen !	Post affice, mo
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	U + 111	ONSET AND DEATH
Immediate cause (a) Hoempt hoge	From tsophageal Varices	36 hr.
583 X Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause	larices, 1	1 44.
116 stating the underlying cause last (c) Wohit Passiv	e Lougestion of Liver	240.
	ion lerosis.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) NJURY NJ		(STATE)
TIME (Mohth) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-15	, 1950, to 1-13, 1951, that I last s	aw the deceased
alive on	10=1 8 00 1 /	1 1
Very - Vollian Mil	Ourkly	M -1-15-51
REMOVAL (Specify) 1/18/51 Union Meth	ERY OR CREMATORY LOCATION (City, town, or count of the co	ml.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE. BEG. 16-195/ Pellie 3. Villey	Emin & Bullock Have te	Grace Jus.
	/ d = 100 - 1	0.11



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

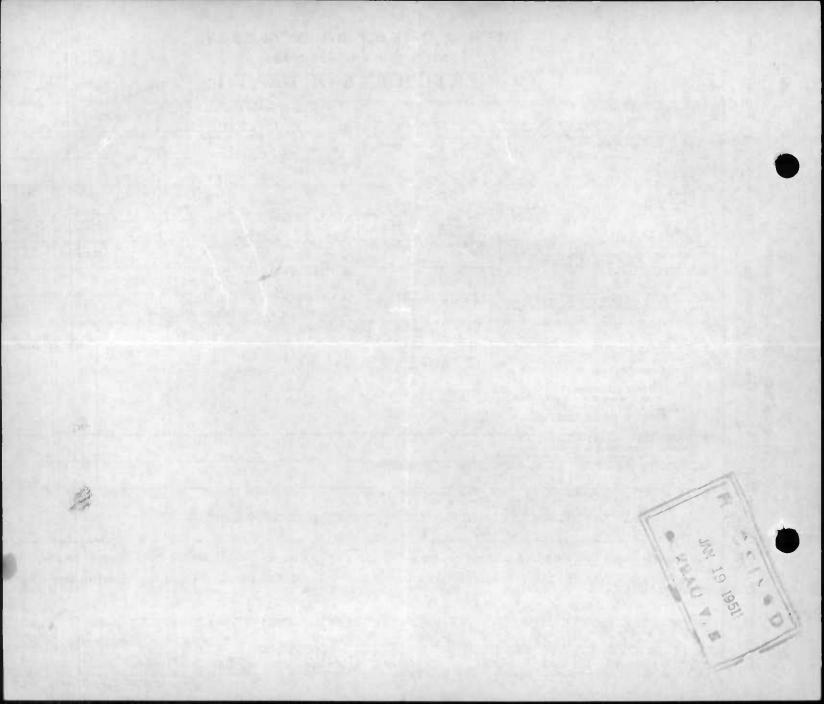
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(1.554 or Diet No. 185

1. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (H	OME) OF DECEASED.	UNTY //
HARFORD MARY		MARYIA	ne	UNTY HARFORD
OR alva negreet town) (in th	H OF STAY	OR	te limits, write RURAL	and give nearest town)
HOSPITAL OR	HKS.	TOWN HAURE	(If rural, give iocat	on)
INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL	HOSP.	ADDRESS 339	STRAWBERR	
3. NAME OF (First) (Ordelle)		(Last)	4. DATE (Mont)	(Day) (Year)
(Type or Print) William 4.	ty	STARTING	DEATH JAN	11 -
6. COLOR OR RACE 7. SINGLE, MAR WIDOWED, DI (Specify)	IVORCED,	8. DATE OF BIRTH MARCH 1949	9. AGE last birthday If M yrs. M	under 1 year If under 24 hrs. onths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of the king life, evon if retired) 10b. Kind OF B	UNINESS OR	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	i	14. MOTHER'S MAIDEN	NAME	W. O. / [.
PERCY Christy		ERNESTINE	Starling	2
15. Was Decrayed Ever In U.S. Armed Forces? (Yes, no, or unknown) (11 yes, give war or dates of service)	URITY No.	17. INFORMANT AND	PRESS	
	MEDICAL CER	TIPICATION		
		IIFICATION .		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	EATH			ONSET AND DEATH
191 Immediate cause (a) Bron	chopi	neumonia	9 0 0	20000-20000
· · · · · · · · · · · · · · · · · · ·	1.11			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	4701	<i>(</i> () .		** 00 *** 00 *** 00 *** 0 ************
stating the underlying cause last				
11. OTHER SIGNIFICANT CONDITIONS			-	
Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OP	ERATION			20. AUTOPSY?
				Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, fa SUICIDE OF office hldg., etc.) HOMICIDE INJURY	ctory, street,	(CITY OR T	OWN) (COU	NTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCUR OF While at Not	Whlle	HOW DID INJURY OCC	CUR?	
INJURY m. Work At	t work 🗀 📗			
22. I hereby certify that I attended the deceased from:	JAn. 15	, 1951, to Jan	16, 1951, that I l	ast saw the deceased
alive on Jan. 16, 19.51, and that death occ		3 5 A m from the	saves and an the de-	As shekal alone
SIGNATURE (Degree or	r title)	ADDRESS /	causes and on the da	DATE SIGNED
Carlos J. Gadella	uo M.)) Haryon	d leewori	al this/-1657
23. BURIAL CREMATION DATE THEREOF NAMED TO THE STREET NAMED IN THE	OF CENETER	Y OR CREMATORY L	OGATION (City, town, o	(State)
DATE REC'D BY LOCAL REDISTRAR'S SIGNATURE	000	24 DIRECTO	RI	ADDRESS
Jan. 17-1951 4. L. Lewis n	w. N.	(termy)	in y ran	
			Harrida	Mass, Mil



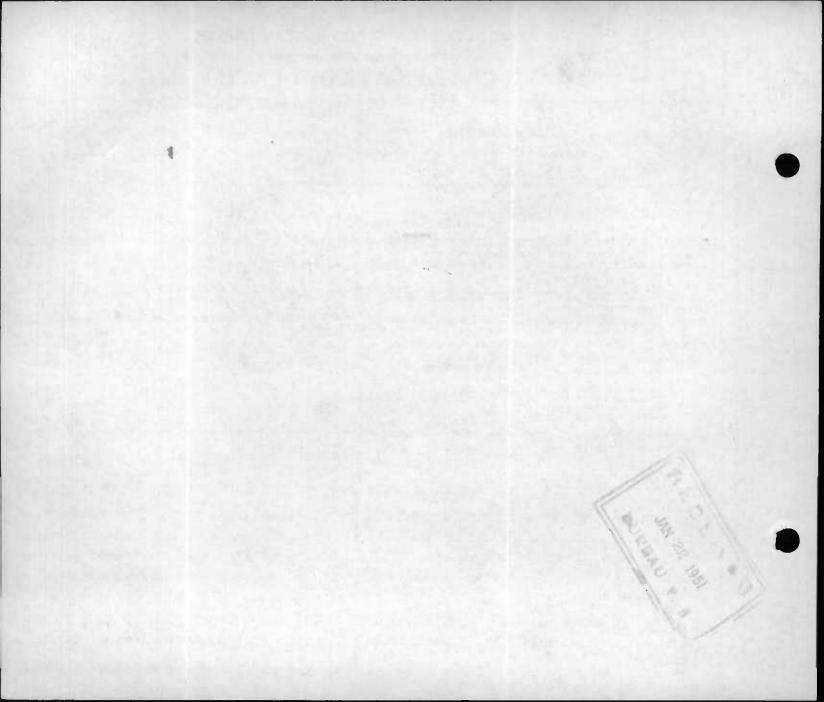
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0555 Reg. Dist. No....

1. PLACE OF DEATH- Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Harford
CITY (If outside corporate limits) write RURAL and LENGTH OF STAY OR give nearest town)	CITY (Il outside sorporate limits, write RURAL and giv	ve nearest/town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS POST Road -ext.	STREET ADDRESS Post Noud - ext	4.
3. NAME OF DECEASED (First) (Middle) (Type or Print) William (Christe 4. DATE OF DEATH Jan	(Day) (Year) /6 195/
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED. DIVORCED, (Specify)	8. DATE OF BIRTII 9. AGE last hir hday If under Months yrs.	1 year If under 24 hrs
10a. USUAL OCCUPATION (Give kind of work down huring most of working life, even if retired) Kind of Business or Kind of huring most of working life, even if retired) Kind of Business or Kind of Business or Kind of Work Line with the work of the w		COUNTRY? USA
13. FATHERS NAME P. P. Bristy	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	17. INFORMANT AND APPRESS. Verde	ey 110 = 2 ww
18. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	/0	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTED TO DEATH	[[] []	2
Immediate cause (a) 172 1730m 2	(ordemia)	7 mo.
Antecedent cause(s) Diseases or conditions, if any, (b) VED 10 36 200 9 19		5 yr.
13/a giving rise to the above cause stating the underlying cause last (c)	g .	644.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	lation	lyr.
19a. DA & DF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No D
21. ACCIDENT SUICIDE HOMICIDE INJURY (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-15	1960 to 1-16 , 1960, that I last s	www.the.deconed
22. I hereav certify that I attended the deceased from	20 M	aw the deceased
alive on	ADDRESS, from the causes and on the date st	ated above. DATE SIGNED
1910 1 - varturen, Mr. C.	Ulrtally Ma.	1-19-61
PRMOVAD (Specify) Jan 19 1951 Uyian W.	RY OR CREMATORY LOCATION (City, town, or count. L. Louistery all Calle Harfo	rd Co rud.
DATE REC'D BY LOCAL AREGISTRAR'S SIGNATURE (REG. 9-195)	Alexal Carrier flor	Chertee
	97011	IV and



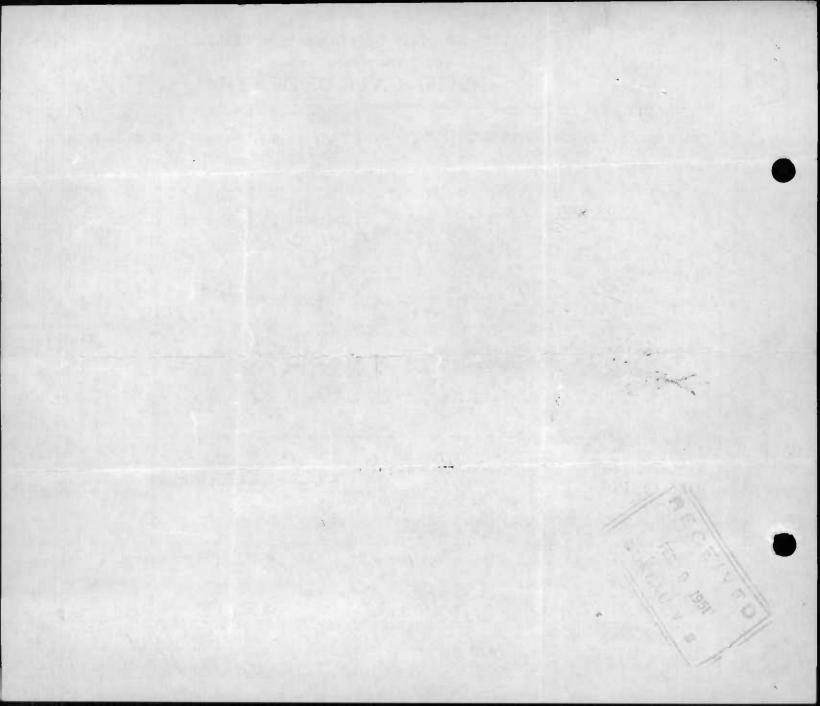
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASE STATE	COUNTATION
CITY (If outside corporare limits write RURAL and LENGTH OF STAY OR give nearest town	CITY (If outside corporate limits, write RURA	L and give neares town)
HOSPITAL OR	STREET (If rural, give ion	cation)
INSTITUTION OR STREET ADDRESS		
3. NAME OF DECEASED (First) (Middle) (Type or Print)	an Last) 4. DATE OMO OF DEATH CALL	nth) (Day) (Year) 19.5
	S. PATE OF BIRTH 9. AGE in the though your 1893 57 yrs.	If under I year If under 24 hr Months Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business on dane during most of working lift, event retired) INDESTRY ONS 10st 10st 10st 10st 10st 10st 10st 10st	STATION OF State or foreign country)	12. CITIZEN OF WHAT
18. OTHER'S NAME AT, Day	Eliza Banni	ter
15. Was Decreased Ever in U.S. Armed Forces? 16. Solial Security No. (Yes. 20. of unknown) (If yes, give, war or dates of 2/6-05-8/7) (ervice)	9 Mrs LM ADDRESS Dan	
	RTIFICATION TRUET MA	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	. 2 - 1 -	ONSET AND DEATE
Immediate cause (a)	e carcinema	6 mo
/5 / X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	a of Stomach	2/240
stating the underlying cause last (c)	0	0
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	adia of stomach.	20. AUTOPSY1
21. ACCIDENT (Specify) SUICIDE HOMICIDE PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CILLY OR TOWN) (C	OUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Quia	, 1948, to San. 31, 195-1, that	I last saw the deceased
alive on 3.0, 19.51, and that death occurred at SIGNATUK	P.m., from the causes and on the	date stated above. DATE SIGNED
Charles C. Tress m.D	. Street, h	d. 2-1-51
23. BURIAL, GREMATION DATE THEREOF NAME OF CEMETE. BURIAL (Specify)	in cem Harfor	of County) (State)
PLATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	Minglon
	970416	mid



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

0557

Reg. Dist. No. 185

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Harford MARYLAND	STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Faure de Grace (in this place)	TOWN dors ame Park
HOSPITAL OR INSTITUTION OR	STREET (If ru al give location)
STREET ADDRESS Harford Mamorial Hosp	ADDRESS 6910 Genway
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print)	CMEY DEATH 29 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH 9. AGE iast birthday If under I year If under 24 brs.
Male white (Specify) widowed	3-5-7/ 79 yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work 1 10h. Kind of Rusiness of	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life even if retired) INDUSTRY Skel	Pennsulvania Country. S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Mondal
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT
service) (11 yes, give war or dates of 214-10-0156	mo ala Rogere, 6910 Fenway
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Unterval Between Oneet and Deate
Immediate cause (a) Fracture	1. femur /day
702,7	
Antecedent cause(s) Diseases or conditions, if any, (b)	
/86 a giving rise to the above cause	**** *********************************
stating the under ying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	whie C.V. disease
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY1
	Yes 🗍 No 🎝
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
PRIMARY Y OR CONTRIBUTING OF Office bidg, etc. CAUSE OF DEATH.	ext Home Beld is Harford ud.
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY Jan 29 195 h. While at work of at work of	Fellow of hed
22. I certify that I took charge of the remains described above, held an A	Autopsy , Inspection , Inquiry thereon and from the evidence used died on the day stated above, and death in my opinion resulted
obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the day stated above, and death in my opinion resulted
from: natural causes , accident , suicide , homicide , SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
	11 1
Levalle Calmer M Despuly Medical	Examiner Hayland Co. Bathis nd. 1/29/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMENTERY LOCATION (City, town, or county) (State)
RAMIDVAI, (Specify) 2/1/51 Oak Law	n Ballimore, mariland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	
	24. FUNERAL DIRECTOR ADDRESS
RETURNED HEURING	
	Wm. Good, Tuc., 1217 lb. Paul St.

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MARYLAND STATE DEPARTMENT OF HEALTH

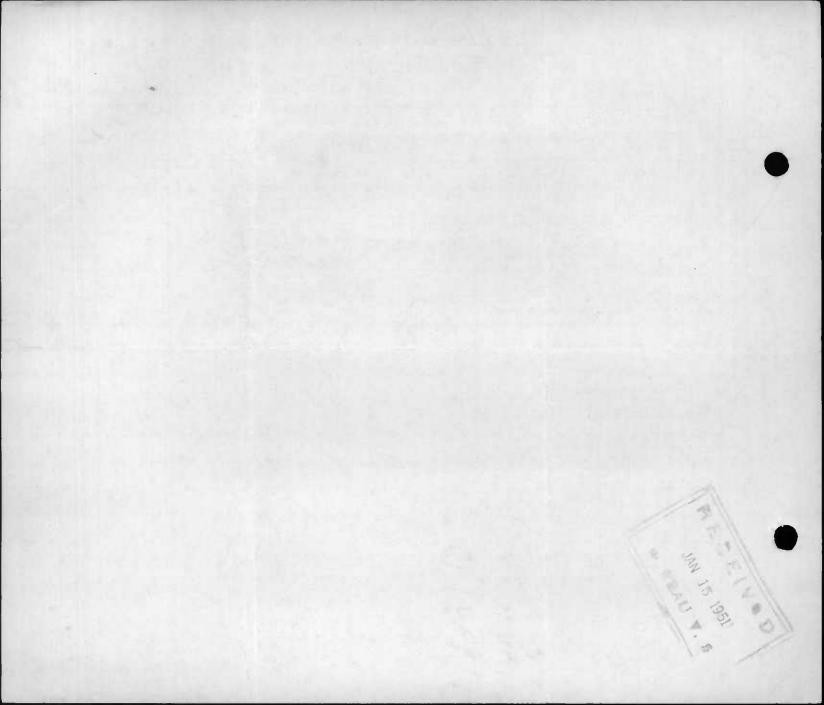
CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

0558

Reg. Dist. No. 182

I. PLACE OF DEATH- COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Hand
Off give nearest town (In this place)	OTTY (If outside corporate limits, write RURAL and give nearest fown) OR TOWN Thirtefore C. C
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
(1) pe of Time)	C/(Last) AN 4. DATE (Month) (Day) (Year) OF DEATH January 195
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hre. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KtnD of Business or Industry	11. PARTHPLACE (State or foreign country) 12. Certizen of What Country? 2. J. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. Clarence Hamilton Hhiteford 74
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Immediate cause (a) Third Digree	8 mm Entire Body none
716.0	
Antecedent cause(s) Diseases or conditions, if any, (b)	
180 giving rise to the above cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ementia Syean
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes O No 🛛
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	While ford that while
TIME (Month) (Day) (Year) (Hour) NJURY OCCURRED OF Not while at work at work	How DID INJURY OCCUR? House caught fire & human her up
from: notural causes \(\), accident \(\) suicide \(\), homicide \(\),	ased died on the day stated above, and death in my opinion resulted undetermined [].
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
derall Clarmer up lipsely reduced Examine	
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) Jaw. 9-1907 Takernal	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL OREGISTAR'S SIGNATURE PREG. 19 13 1	24. FUNERAL DIRECTOR ADDRESS
I I I I I I I I I I I I I I I I I I I	Municipal I. Variation of the la.

VS. Al5A



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

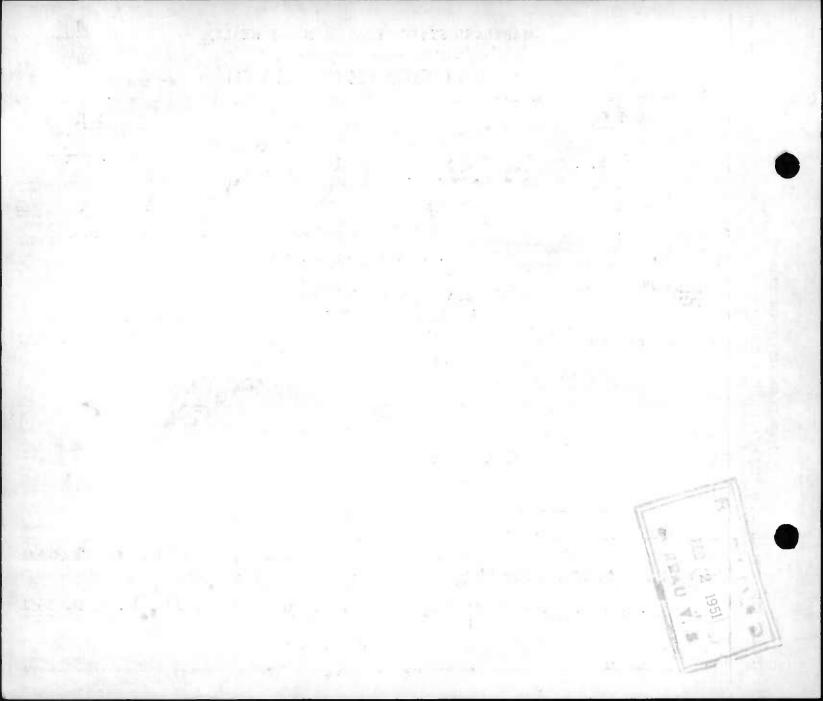
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEAT COUNTY HAR	H- RFORD		2. USUAL RESIDENCE (STATE MARYIAN	HOME) OF DECEASED.	DUNTY HARFORD
CITY (If outside	corporate limits, write RUR. at town) EDGEWOOD	MARYLAND AL and LENGTH OF STAY (in this place)	C1TY (If outside corpor	D ate limits, write RURAL a QUARTERS	
HOSPITAL OR INSTITUTION O STREET ADDRE		SPENSARY L CENTER MD.	STREET	(If rural give locati	
3. NAME OF DECEASED (Type or Print)	(First) GRADY	(Middle) MIL/TON	(Last) EVANS	4. DATE (Month OF DEATH JAN	
5. SEX	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH 6 JAN 1920	31 yrs. M	under 1 year If under 24 hrs. Ionths Days Hours Min.
done during plast of	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY U.S. ARMY	11. BIRTHPLACE (State LOMETA, TEXAS		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	ME		14. MOTHER'S MAIDEN	NAME	
	EVER IN U.S. ARMED FORCES (If year, give war or dates of service)		17. ANGORMANT ACCORDO (CACORDO (C	Veny Chem	el Conter ma
I. DISEASES OR C	CONDITIONS DIRECTLY	18. MEDICAL CE LEADING TO DEATH	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
3220	ate cause (s)	ACUTE ALCOHOLISM			
Diseases or giving rise atating the	conditions, if any, (b) to the above cause underlying cause last				
Conditions contrib	ICANT CONDITIONS outing to the death but not ease or condition causing deat	h.	***************************************	9-1	***************************************
		FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COU	Yes No O
TIME (Month) OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?	
SIGNATURE	Lerced C Pal	that death occurred atI	1.53. A.m., from the	causes and on the da	te stated above. DATE SIGNED
	PALMER MD, Dep	uty Medical Examin			
23, BURIAL, CREM REMOVAL (Sp	city) Ray 30	195/10re 900+9	are 7.14.	CATION (City, town, or	county) Teras

VS. A15



The correct age

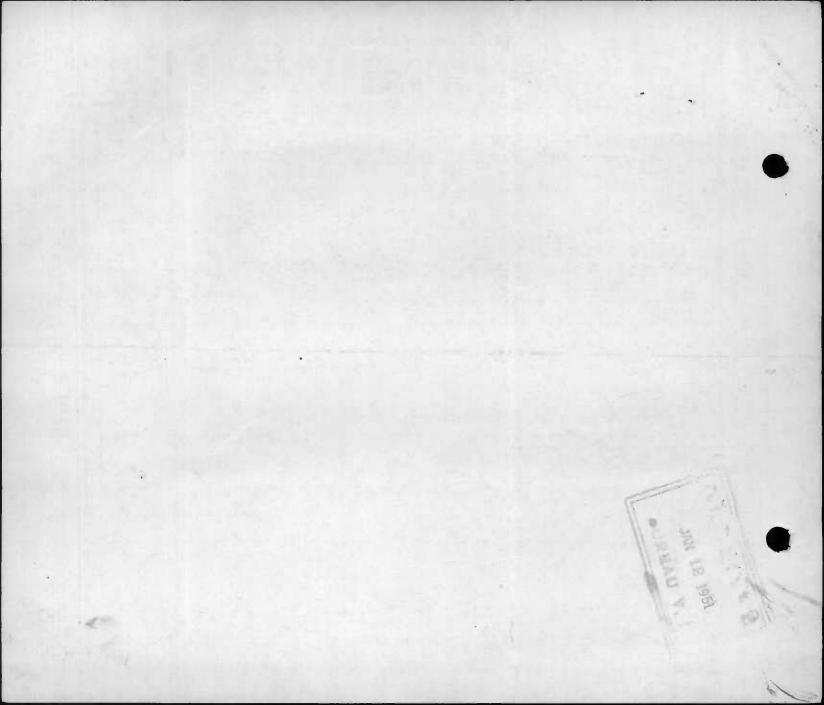
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

	0560
eg. Dist.	No. / 8 (

1. PLACE OF DEATH.	2. USUAL RESIDENTE (HOME) CONCRASED.
COUNTY Tortord MARYLAND	STATE 15 Cassey Vest COUNTY 7
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN give nearest town) aborded (in this place)	TOWN abordeen
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS COSCIL Flace	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) AllEN Thillip & ough.	DEATH Jan 5 1951
6. COLOR, OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 brs. Months Days Hours Min.
(Specify) Mornes-	1/1/1908 4-2 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR LITERATE	11. BIRTHPLACE (State or Toreign country) 12. CITIZEN OF WHAT COUNTRY? 5
13. FATHER'S NAME,	
Charles Sanch	Tedith Tomok.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO.	17. INFORMANT
(Yes, no. or unknown) (If yes, give war, or dates of 263-03-604/	Jany V. Jonah.
18. MEDICAL CEI	RTIFICATION /
I. DISEASES OR CONDITIONS DIRECTLY LEADING, TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Barbeturale Go	aparend (Scientifal)
Immediate cause (a) Tour Buyance So	June (Julius)
Antecedent cause(s)	
Diseases or conditions, if any, (b)	
163 giving rise to the above cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
Table Date of Otellation 138. Major Findings of Otellation	
	Yes 🗹 No 🗌
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not while INJURY m. work at work	
III. I WOLK at WORK	
22. I certify that I took charge of the remains described above, held an A	Autopsy . Inspection . Inquiry T thereon and from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the day stated above, and death in my opinion resulted
from: natural causes [], accident [], suicide [], homicide [],	undetermined [].
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
JUST Dulanes M. D. Drouts Med Eur	abordeen my Hay 5/51
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) / (State)
Cremoval (Specify) Jaw. 11, 1951 Green man	unt Baltiness mid
DATE REC'D BY LOCAL MEGISTRAB'S SIGNATURE	24. FUNERAL DIRECTOR O ADDRESS
REG. 11 195-1	The same lawing and and all and and mid
Jan 10-115 1 miles of many	1 rency willings one weeden The
/	430699



The correct age

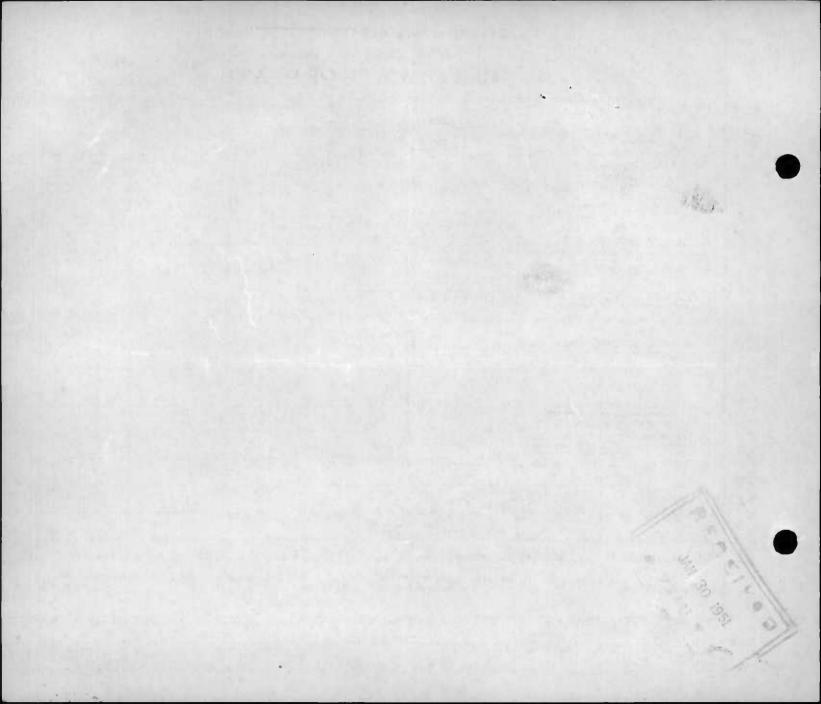
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(156) Reg. Dist. No. 185-

1. PLACE OF DEATH.		2. USUAL RESIDENCE (H	OME) OF DECE	ASED.	
COUNTY Harford Maryland MARYLAND		STATE	Нат	county	
CITY (If outside corporate limits, write RURA)		CITY (If outside corpora	te limits, write RI	JRAL and give	nearest town)
OR give nearest town) TOWN Hayre de Grace	(in this place)	OR		THE RESERVE	
HOSPITAL OR	Ju yrs.	TOWN Havre	de Grace		
INSTITUTION OR		ADDRESS	(II rurai, giv	e location)	
STREET ADDRESS		556 Gr	een		
3. NAME OF (First)	(Middle)	(Last)	1 4. DATE	(Mooth)	(Day) (Year)
DECEASED	U	la de	OF DEATH	1/27/51	
(Type or Priot) Emanuel 5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,				19 I year If under 24 hr
	WIDOWED, DIVORCED.			Months.	Days Hours Mio
Male White	(Specify) Widower	7/23/I866 11. BIRTHPLACE (State or	84 у		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12.	CITIZEN OF WHAT
Manager	Hardware Store	Baltimore		U.	SUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
		77 23 4			
Leibman Hecht. 15. Was Decrased Ever In U.S. Armed Forces?	1 16. SOCIAL SECURITY NO.	Hanna Simon			
(Yes, oo, or unknown) (If year, give war or dates of	16. SOCIAL SECURITI NO.	17. INFORMANT AND			
no service)	Unknown	Jacob Hecht. 55	6 Green. F	lavre de	Grace, M
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions cootributing to the deeth but not	Cardin In	, ·	Q	•	
related to the diseese or condition causing death					
19a. DATE OF OPERATION 19b. MAJOR FI	NDINGS OF OPERATION				20. AUTOPSY?
					Yes 🗆 No 🛭
21. ACCIDENT (Specify) PLAC SUICIDE (OF HOMICIDE INJUI	E (Home, farm, fectory, street, office bidg., etc.)	(CITY OR T	OWN)	(COUNTY)	(STATE)
TIME (Mooth) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCC	CUR?		
OF INJURY m.	While at Not While Work At work				
22. I hereby certify that I attended the alive on	that death occurred at (Degree or title) NAME OF CEMETE Hebrey Fri	ADDRESS - 2	causes and on OCATION (City, Baltimore	the date sta	ted above. DATE SIGNED
-//					
U			9	906	86



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

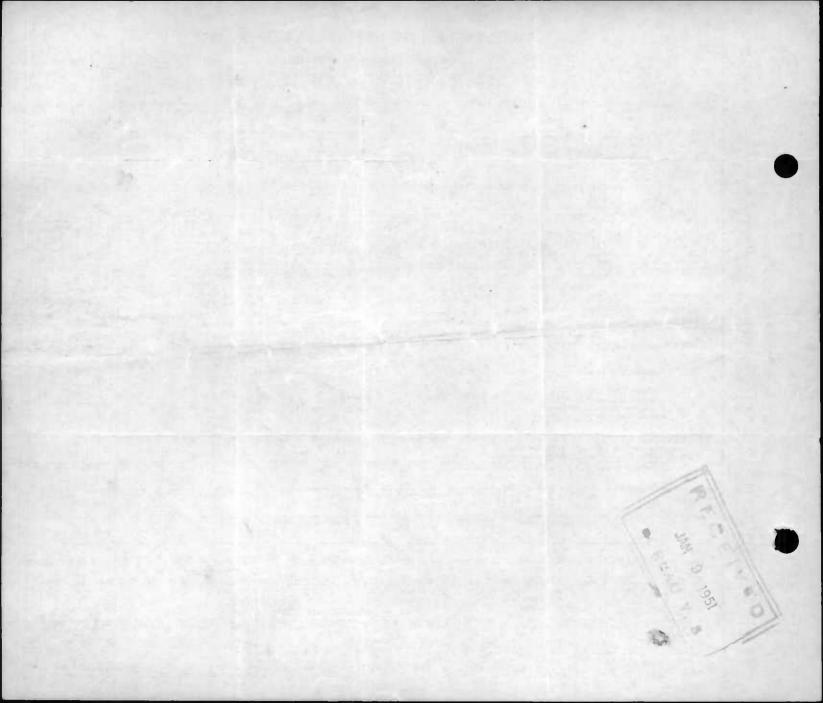
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (In this place)	CITY (If ontaide corporate limits, write RURAL mis give hearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
3. NAME OF DECEASED (First) (Middle) (Type or Print) Charles	(Last) 4. DATE (Month) (Day) (Year) OF DEATH (2007)
6. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) WINDOWED	8. DATE OF BIRTH 9. AGE last birthday If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business of Industry Industry Industry	12. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Henry Hesse	14. MOTHER'S MAIDEN NAME MAICACLE GROSS
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (1973, days of dates of dates of private)	7. INFORMANT AND ADDRESS
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	the due to del age (98) INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, (b) Cuters - selections	is generalized.
97 giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes \ No \
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Dec.	
alive on Dec. 26 , 1950 , and that death occurred at	address and on the date stated above. Address Date signed
1. James Shomeson. J. M. D. Jan	nettoulle, Ind. 1-3-54,
Strand Spelly) and 5 1951 anellar	
REG. 4-61 REGISTRAR'S SIGNATURE REG. 4-61 Superla Towns	Morting Theet Sanctisonale
	0100105 ned.



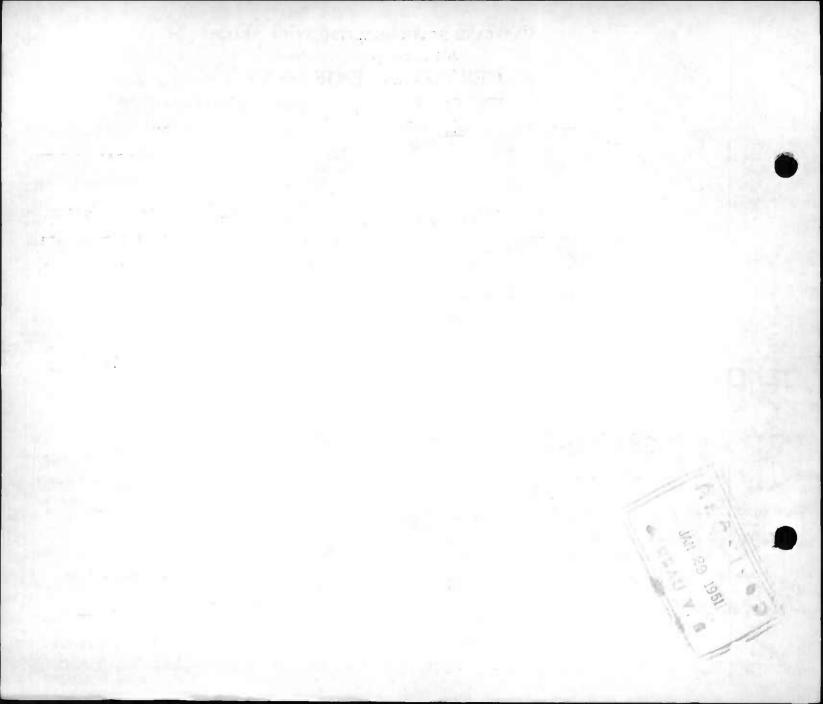
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

		00000
Reg.	Dist.	No. / 2 /

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (If outside corporate limits, write RURAL and CR give nearest town) Cultural (in this place)	CITY (If outside comprate limits, write RURAL and give nearest fown) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)
3. NAME OF (First) (Middle) (Type or Print) Annie (Middle)	CLast) 4. DATE (Month) (Day) (Year) OF DEATH Jaw. 25 1951
Jenuale 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARLEL	8. DATE OF BLATH 9. AGE last by thday Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) done duying most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	112 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? J. J. L.
George W. Michael	Sucarna Lionelson
15. Was Dece (SED Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service) 16. Social Security No.	Me Frank J. Holloway.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
7 dd d	lleyocorditis
Antecedent cause(s) Diseases or conditions, if any, (b)	1
giving rise to the above cause stating the underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF NJURY m. INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Dept. 2	-, 1950, to 25, 1951, that I last saw the deceased
alive on 25, 19.5%, and that death occurred at 9 SIGNATURE (Degree or title)	ADDRESS A.m., from the causes and on the date stated above.
St. 5. Halloway	Bryman, Uld.
REMOVAL (Specify) Jan. 27, 1951 Sucception	RY OR OREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL ATTGISTRAR'S SIGNATURE	Lenry Taxing Y Lous abecause
	1 1 md

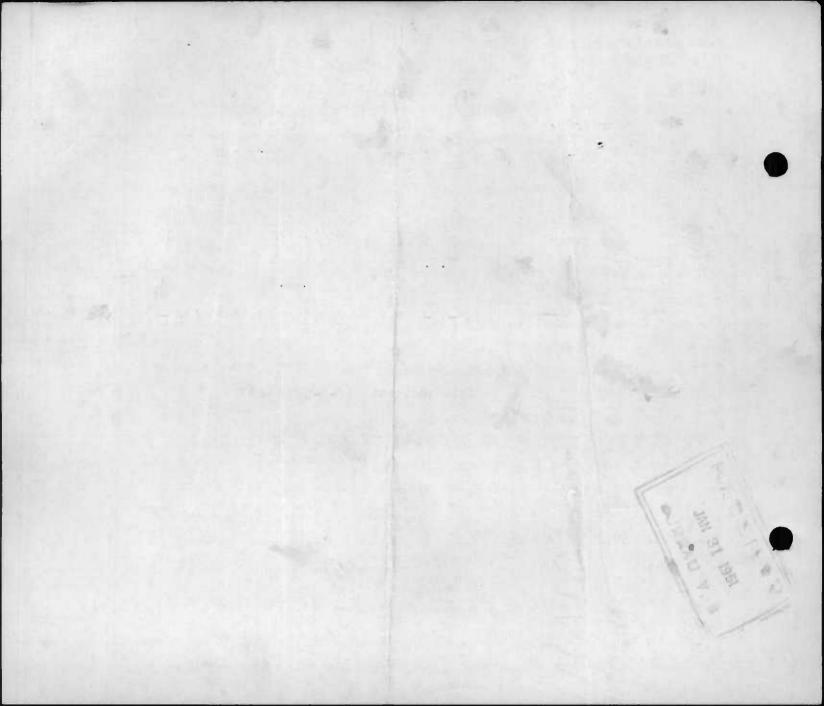


Evidence for addition in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

JEKI	IFICATE	OF DEAT	H
FOR	MEDICAL I	EXAMINERS	

COUNTY Harford Autotate Maryland STATE Maryland COUNTY Harford Autotate Maryland County Harford County	FILM No. G	SUFFD A 100	FOR MEDICAL	EXAMINERS	Reg. Dist. N	o. 15.
CITY (if outside corporate limits, write RURAL and LENGTH OF STAY TOWN "TOWN" TOWN" TOWN "TOWN" TOWN" TOWN "TOWN" TOWN" TOWN "TOWN" TOWN "TOWN" TOWN" TOWN "TOWN" TOWN" TOWN "TOWN" TOWN" TOWN "TOWN" TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	COTTATIONS		ord MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNT	Y Harford
STREET ADDRESS SAME OF DECEASED (First) (Middle) (Last) (Last) (Day) (Yeap) (Yeap) (Pirst) (Middle) (Last) (HOOPS OPENITH COUNTRY 18 (Day) (Yeap)	TOWN A DE	rdeen - Route 1	AL and LENGTH OF STAY	CITY (If outside corpor	ste limite, write RURAL and gi	ve nearest town)
DECEASED CType or Print) NILLIAM OMAR HOOPS DEATH January 13 1 16. USB COLOR OR RACE WIDOWED, DIVORCE, Dec 9, 1922 23 m. Months Days House Min. 10a. USUAL OCCUPATION (Give kind of work done dusing pase of working life, even if retired) INDUSTRY. 13. PATHERS NAME UNICOWNY UNICOWNY IN WORTHER'S MADEN NAME UNICOWNY IS. WAS DECEASED EVEN IN U.S. ARMED FORCES 16. COLAR SECURITY No. 17. INFORMANT 12. CITIEN OF WHAT (Yee, no, expuring own) (I've, no, e	STREET ADDR	OR RESS			(If rural, give location)	
Male	DECEASED (Type or Print)	WILLIAM	OMAR	HOOPS	DEATH January	27 181
10. USUAL OCCUPATION (give kind of work done duspfaces of working file, even if retired) 11. FATHER'S NAME URKLOWNT (LUCY OR DO LUCY OR DOLL) 12. CHYEN OF WHAT COUNTRY US 13. FATHER'S NAME URKLOWNT (Yee, no, occupation or) 14. MOTHER'S MAIDEN NAME URKLOWNT (Yee, no, occupation or) 15. WAS DECRASED EVER IN U.S. ARMED FORCES: 16. SOCIAL SECURITY NO. 17. INFORMAT (Yee, no, occupation or) 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. Immediate cause (a) Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last 19. DATE OF OFERATION 19. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PLACE (Home, farm, intercry, street, office or other orecords or other or other or other or other or other or other or o	Male	White	(Specify) Single	Dec 9, 1922	28 _{m.} Months	Days Hours Min.
Unicovate Unic	done dusing most o	(working life, even if retired)	10h Vinn on Duguetha on	Unknown Te	m.	Commence
(res. no. or annhown) (II yes. give war or dates of service) UITTEND (III yes give war or dates of service) UITTEND (III yes give yes or dates of service) (IITTEND (III yes give yes or dates of service) (IITTEND (III yes give yes or dates of service) (III yes give yes or dates of yes give yes or dates or conditions, If any, (b) Diseases nr conditions, If any, (c) III. UTHER SIGNIFICANT (IV) (c) III.	<u>Unknown</u>	- William	L. Hooles	Unknown U	no I. Doal	p
Immediate cause Antecedent cause(s) Diseases no conditions, if any, giving rise to the show cause stating the underlying cause last Interval Between North	(Yes, no, or unknown	EVER IN U.S. ARMED FORCES (If yes, give war or dates service) ULTIER	of 215-12-1830		e Police - Person	mal Cards
Immediate cause (a) Fuclure Shull compound Antecedent cause(s) Diseases no conditions, if any, (b) giving rise to the above cause stating the underlying cause last Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office high, sec. INJURY 15 TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 15 While at work Work 1 22. I certify that I took chorge of the remoins described above, held an Autopsy, Inspection, Inquiry 22. I certify that I took chorge of the remoins described above, held an Autopsy, Inspection, Inquiry, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: notural causes, occident, sicide, homicide, undetermined 25. EURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) 26. AUTOPSY: Yes No 27. Lertify that I took chorge of the remoins described above, held an Autopsy, Inspection No 28. AUTOPSY: Yes No 29. AUTOPSY: Yes No No 20. AUTOPSY: Yes No 21. External Cause No No 21. External Cause No			18. MEDICAL CE	RTIFICATION		1
Antecedent cause(s) Diseases nr conditions, if any, giving rise to the above cause stating the underlying cause last [c] II. UTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but and related to the disease or condition causing death. IPAL DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 20. AUTO	I. DISEASES OR	CONDITIONS DIRECTLY	LEADING TO DEATH		4	
Antecedent cause(s) Diseases nr conditions, if any, giving rise to the above cause stating the underlying cause last [c] II. UTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death. IPAL DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20c. AUTOPSYT Yes No No 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, of principle of the file of the place of the file of the place of the place of the place of the remains described above, held an Autopsy Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: notural causes occident suicide homeide nundetermined SIGNATURE DATE SIGNED DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) DATE PECCO BY LOCAL, RESISTERS SIGNATURE ADDRESS DATE PROCESS SIGNATURE DATE PROCESS DATE DATE PROCESS DATE DATE PROCESS DA		1	= a The Sh	all cond as		neno
Diseases nr conditions. If any, giving rise to the shove cause stating the underlying cause last [c] 11. UTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but nnt related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office hidgs, see.) (CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at work at work at work at work at work. 22. I certify that I took chorge of the remoins described above, held an Autopsy of Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: notural causes of coident of the coidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: notural causes of coident of the coidence of the c	Immedia	ate cause (a)	racine si	ace, composition	ana_	
Diseases nr conditions. If any, giving rise to the shove cause stating the underlying cause last [c] 11. UTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but nnt related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office hidgs, see.) (CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at work at work at work at work at work. 22. I certify that I took chorge of the remoins described above, held an Autopsy of Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: notural causes of coident of the coidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: notural causes of coident of the coidence of the c	825,5 Antone	ant sauce(a)	A 1 1 A	10 (=3		
giving rise to the shove cause stating the underlying cause last (c) 11. UTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but and released to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY [SOR CONTRIBUTING OF OFFIce hidg., etc.) PRIMARY [SOR CONTRIBUTING OF OFFIce hidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not Not while at Not while at Not Not Not Not Not Not Not Not Not No			Auto accident	(2-6-51 - ams)		
11. OTHER SIGNIFICANT CONDITION Conditions contributing in the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY I for COUNTY OF office hide, sec.) A London Death County of the condition	//O/ giving rise	to the above cause	74000000000000000000000000000000000000	100 T 100 C 1 100 C 10 C 10 C 10 C 10 C	4 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	FOR SHOOT OF SHOOT SHOWS AND AND ADDRESS OF SHOOT SHOWS AND ADDRESS OF SHOWS AND ADDRESS OF SHOOT SHOWS AND ADDRESS OF SHOWS ADDRESS OF SHOWS AND ADDRESS OF SHOWS AND ADDRESS OF SHOWS ADDRESS OF SHOWS AND ADDRESS OF SHOWS ADDRESS OF SHOWS AND ADDRESS OF SHOWS AND ADDRESS OF SHOWS ADDRESS OF SHOWS AND ADDRESS OF SHOWS ADDRESS OF SHOWS ADDRESS OF SHOWS ADDR
11. OTHER SIGNIFICANT CUNDITIONS Conditions contributing in the death but and related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY ROB CONTRIBUTING OF office hidgs, etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 1 Short of Injury	stating the					
Conditions contributing in the death but and releted to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No DATE SIGNATURE ADDRESS DATE SIGNATURE ADDRESS OCCIDENT OCCUPANCE OCCUP	II OTHER STONE		- 100 B	and to a	1.10	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT Yes No No 10	Conditions contr	buting to the death but not	1	avine, Km	onaura 1	none
21. EXTERNAL CAUSE WAS PRIMARY [Nor CONTRIBUTING OF office hidge, esc.) PRIMARY [Nor CONTRIBUTING OF Off				Mose		L an AUTODOVS
21. EXTERNAL CAUSE WAS PRIMARY KOR CONTRIBUTING PLACE (Home, farm, factory, street, OF office hidge, sic.) A Local Was PRIMARY KOR CONTRIBUTING OF office hidge, sic.) A Local Was OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at work How DID INJURY OCCUR? 1. I certify that I took chorge of the remoins described above, held an Autopsy Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: notural causes occident nomicide nonleide n	ISM. DATE OF OF	ERATION 198. MAJOR	FINDINGS OF OPERATION			4
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF Jan 27,1951 m. While at Nnt while work at work	D4 ELECTRICAL CO	A VIGIN WAS	68 W	(OVERLY OR	EOWIN (CONT.)	
OF INJURY Jan 27,1951 m. While at work Not while at work Not w			URY & S. Nove 40	It hardeer	1 dupy	Y STATE)
oblained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: notural causes , occident , suicide , homicide , undetermined . SIGNATURE (Degree or title) ADDRESS DATE SIGNED 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) BOMOVAL (Specify) Jan. 30, 1951 Successful Constitution City, town, or county) Constitution Constitution City, town, or county) Constitution City, town, or county City, town, or county City, town, or county City	OF To	27 1051	While at Nnt while	HOW DID INJURY OC	CCUR?	
oblained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: notural causes , occident , suicide , homicide , undetermined . SIGNATURE (Degree or title) ADDRESS DATE SIGNED 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) BOMOVAL (Specify) Jan. 30, 1951 Substitute Location	na I ambifu that	I took shound of the name	ing described above held on A	Inspection I	V Imminute thomas and	form the soldense
Levald C. Palmen D. Defuty Medical Elamon Hayland Co. Beldin Not 1/27/5/ 23. BURIAL, CREMATION PATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City, town, or county) (State) BONOVAL (Springly) Jan. 30, 1951 Suesuting Constitute Original Many Medical Property Of Constitution of Country Original Many Many Many Many Many Many Many Many	obtained by s from: notur	aid Autopsy, Inspection o al causes [], occident X	r Inquiry, find that said dece , suicide [], homicide [],	ased died on the dry state undetermined [].	ed above, and death in my	opinion resulted
Date per By LOCAL + REGISTRAR'S SIGNATURE)	SIGNATURE	21	(Degree or title)	ADDRESS	1 0 5 00.	DATE SIGNED
Date per By LOCAL + REGISTRAR'S SIGNATURE)	Joseph C	talmen 117	Defenty hederal I	Common Ital	nd Cosoltin	Nel 1/27/51
Date per By LOCAL + REGISTRAR'S SIGNATURE)	23. BURIAL, CRE	MATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, or cour	nty) (State)
DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE) / LA BUNERAL DIRECTOR / ADDRESS .	BEDMOVAL (St		1951 Alegoute	a Questini (Pexxumen.	med
Jan 30-195! I allie F. Viley Henry Jarring 4 Nous Oberdeen 395916 md.	DATE REC'D BY			24. FUNERAL DIRECTO	OR /	ADDRESS .
395916 md.	REG. 31 -	1951 / Cellie	F. Kiles.	Theresis JAKK	in a grand als	xdien
3959/6 md.	7			· · · · · · · · · · · · · · · · · · ·		2-1
	V				395916	ma.



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MARYLAND STATE DEPARTMENT OF HEALTH

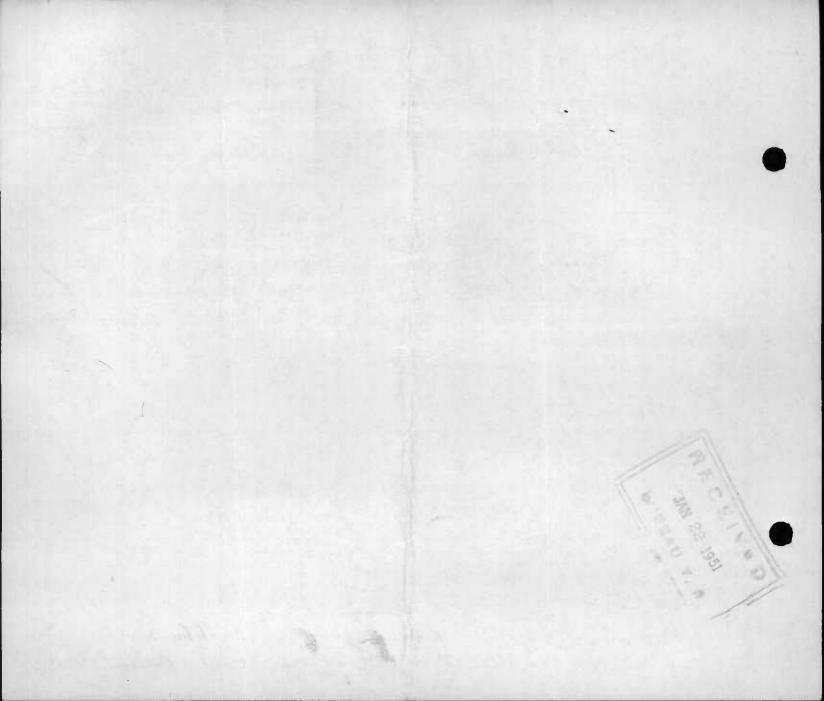
CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

0565

Reg. Dist. No. 182

I. PLACE OF DEATH. COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY
CITY (If outside corporate finite, write RURAL and OR give nearest town)	CITY (If outside corporate limits, write RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
	1
3. NAME OF DECEASED (Middle) (Type or Print) (A) 7 / C S	J C K S O W 4. DATE (Month) (Day) (Year) OF January / 6
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 brs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of top king life, even if retired) 10b. Kind of Business or Industry	11. BITTHIT ASE State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
- Winning agreen	Jarney Jacine
16. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	mo Buth J Regardsh Prolands. Fre
18. MEDICAL CE	RTIFICATION
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
9 I tome	and leto chost
976× Immediate cause (a) Lunshut wou	in the
Antecedent cause(s)	
Diseases or conditions, if any, (b)	1000 1 1000 00100 1001 1000 0010 0010
64 c giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
	24.1010101
21 DYTHODAY CAMOR WAS DELONGED AN	Yes No No
21. EXTERNAL CAUSE WAS PRIMARY (Nor CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURYThymas Run Road	Bel Air Hayers VI
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY Jon 6,7951 m. While at work at work	Short self with short gut
22. I certify that I took charge of the remains described above, held an A	Manual Increasion I Inquiry I thousan and from the said
ohtained hy said Autoney Inspection or Inquiry find that said dece	ased died on the day stated above, and death in my opinion resulted
from: natural causes \square , accident \square , suicide \nearrow , homicide \square ,	and otomined and suited anove, and armen in my opinion resulted
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
00 11 10 1	10 2 14
Herald C Talmer M. P. Jepoty Medical Examin	
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER CONTROL (Specify)	RY OR CHEMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISORAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS
REG. 1/18/41 () TIME IN TALL MAN	Carlot Total Role
- //0/3/ Vulleavour	Jowan July Bellen med
	01/200
	070105

VS. A15A



VS. A15A

The correct age

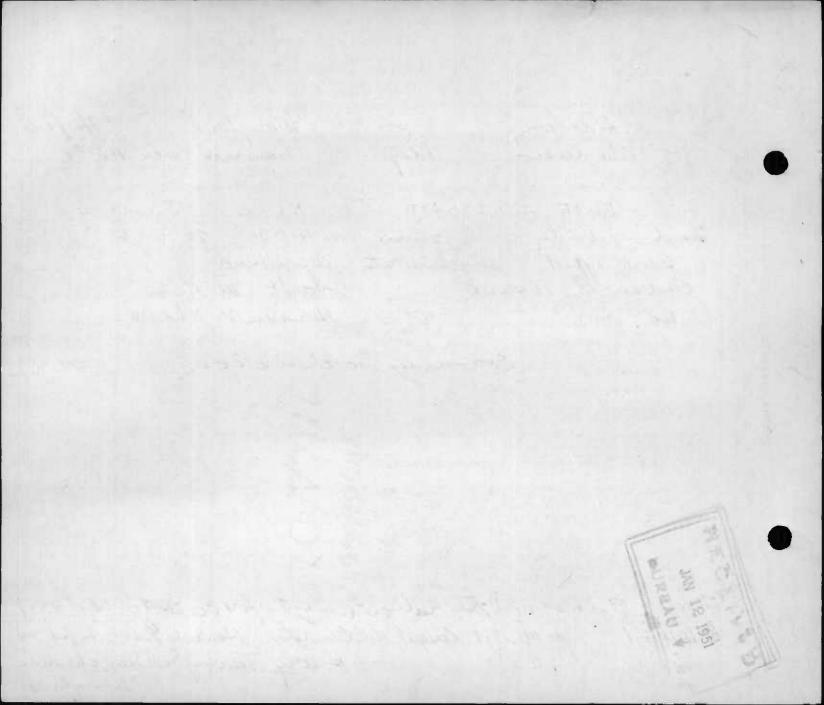
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

0566

eg. Dist. No. 18/

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	16.60
CITY (If outside copporate ignits, write RURAL and OR give nearest town) TOWN MARYLAND LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN Have the Trace	peared town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS	
S. NAME OF DECEASED (First) FILZ 26 2th J	(Last) 4. DATE (Month) OF DEATH January	(Day) (Year) 6 1957
S. SEX S. COLOE OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCEP) (Specify) (Specify)	1474 17-17 10 10 yri. 6	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, every if retired) 13. FATHER'S NAME		CITIZEN OF WHAT
andrew & Thomas	Sarah W. Noe	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	Herman M. Thomas	
18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0	ONSET AND DEATH
4201 Immediate cause (a) Coronary o	eclusion	4ans
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 🗆
21. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Office hldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Yenr) (Hour) INJURY OCCURRED OF INJURY m. INJURY OCCURRED While at Not while work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decerprom: natural causes a accident , suicide , homicide , sIGNATURE (Degree or title) 23. BURIAL, CREMATION PATE THEREOF NAME OF CEMETER RECOUNTS (Specify) PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	ised died on the day stated above, and death in my of undetermined ADDRESS **Example Conford Con BOM or Many of the state of the s	DATE SIGNED
	350916 200	orepaid.



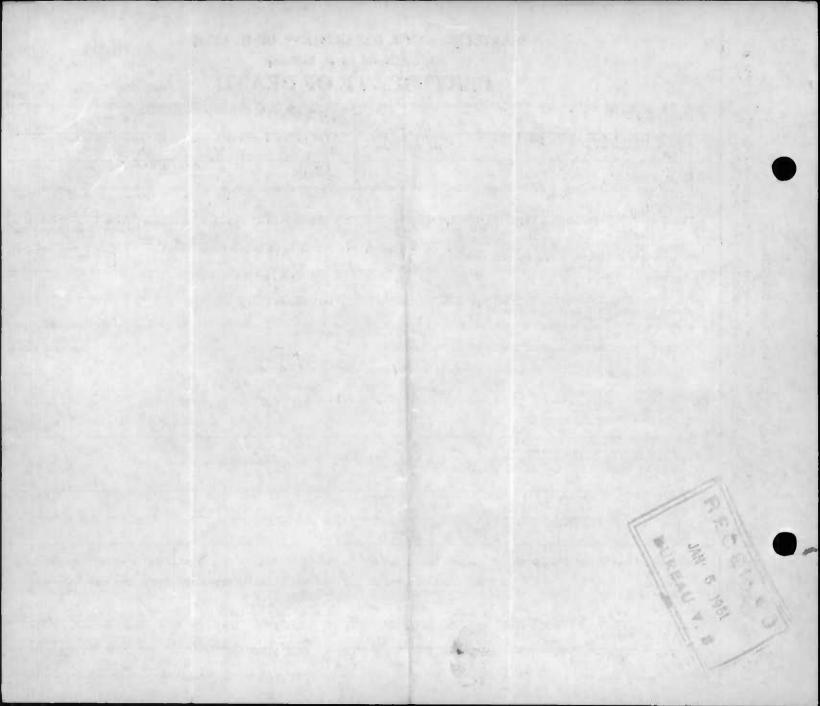


2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0567

COUNTY Harlard MARYLAND	STATE MARYLAND COUNTY Harles
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
HOSPITAL OR	TOWN Cherdeen, Md. STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS / 36 Baltimore St.	ADDRESS 136 Baltimore St.
3. NAME OF DECEASED (First) (Middle) (Type or Print) Aannah	(Last) 4. DATE (Month) (Day) (Year) OF DEATH / 195
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Jungle	S. DATF. OF BIRTH 9. AGE last birthday Il under 1 year Il under 24 hrs. Legit 148 8 3 6 7 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Businass or Industry 10c. Kind of Businass or Ind	Harford County - Rock Rus, M. COUNTRY! L. S. a.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sidney Lee	mary Peaco
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. Laura Horsey, 136 Balts. St. akeleen, md.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
420,0 Immediate cause (a) Congestine	hart Failure
Antecedent cause(s)	t result outlier
Diseases or conditions, if any, giving rise to the shove cause	war and the same of the same o
stating the underlying cause last (c)	0 00 0
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	1 0. +++-
related to the disease or condition causing death. Vently and	20, AUTOPSY?
	Yes 🗀 No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While st Not While INJURY m. Work At work	
22. I hereby certify that I attended the deceased from	, 1950, to
alive on 2/3/, 1950, and that death occurred at	ADDRESS To the causes and on the date stated above.
Serge J. Stansbury, M. S.	Have de frace maryland 1/1/51
23. BURIAL, CREMATION DAYE THEREOF NAME OF CEMETE. BEMOVAL (Specify) 4/51 Theen San	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3 - 19 3	24 FUNERAL DIRECTOR ADDRESS
Will the state of	· come comments of a more and the second
	12 (1 /2) (-



VS. A15

The correct age

Evidence for change in 8 shown on:

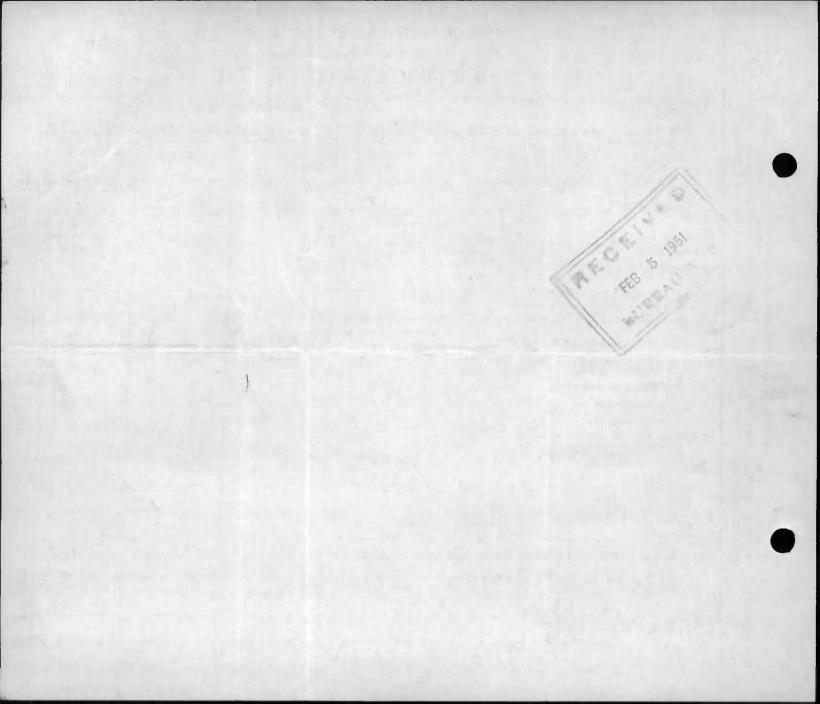
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0568

130 FEB 14 CERTIFICATE OF DEATH No. G

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED-
CITY (If musics corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	OR TOWN Prescribe R 9
HOSPITAL OR INSTITUTION OR STREET ADDRESS Planille Ad.	STREET (If rural, give location)
3. NAME OF DECEASED (First) (Middle) (Type or Print)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH Jose 3/ 195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 8 9. AGE last birthday II under 1 year II under 24 hrs. Lyg 17 18 4 Hours Min.
den. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired) INDUSTRY Local	71. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 7. S. 2
13. FATHER'S NAME	Elasth Shorks.
15. Was DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS Pylanill my
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
181x Immediate cause (a) Concumono	of Bladder 3Mrs?
Antecedent cause(s) 52 Diseases or conditions, if any, (b)	
stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	mureardile
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 🖸
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from.	1, 1953, to 201901, that I last saw the deceased
alive on Com. 3.0, 19.57, and that death occurred at (Degree or title)	m, from the causes and on the date stated above. ADDRESS DATE SIGNED
dward of Hypon m.D.	Fram Grove, to 1/31/51
REMOVAL (Specify) Fish 3 195/ France	RY OR CREMATORY LOCATION (City, town, or country) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FOUNDAT	Howard Hebt Foun Shoe Rd



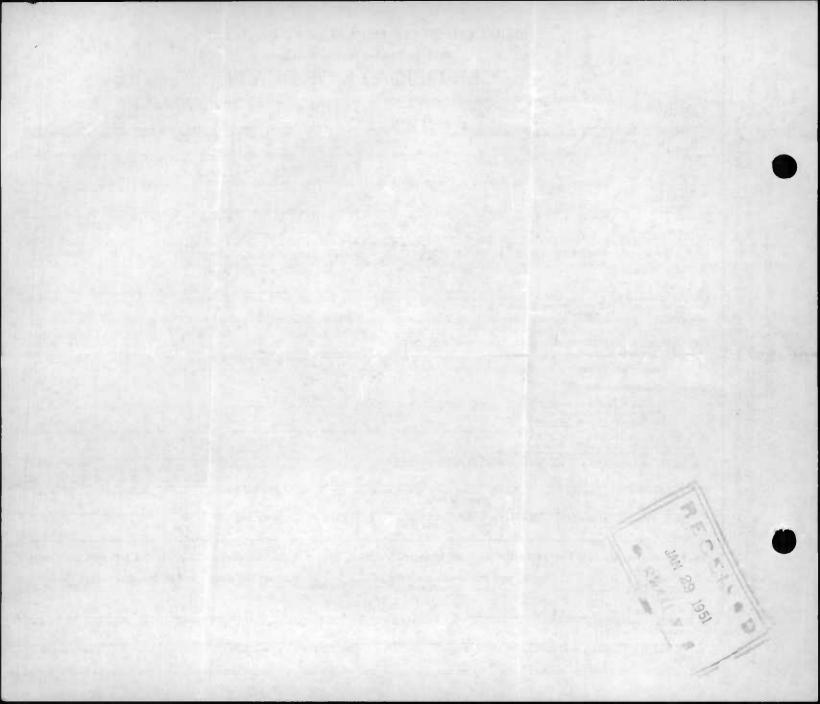
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

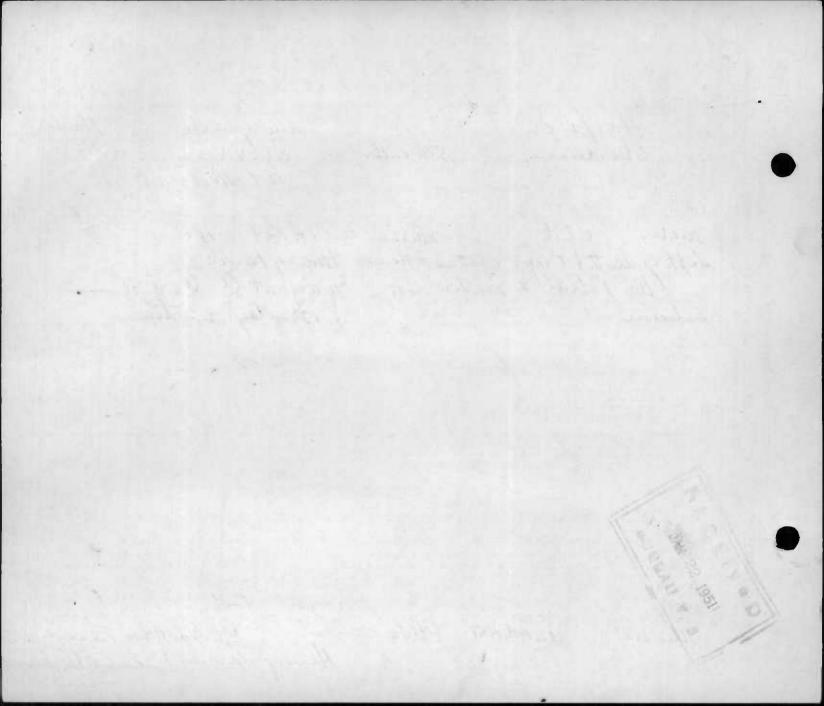
CERTIFICATE OF DEATH

				1108.	2.50. 1.00
I. PLACE OF DEAT	HARFOR IS	MADVIAND	2. USUAL RESIDENCE ((HOME) OF DECEAS	ED- COUNTY
CITY (If outside c	corporate limits, write RUR	MARYLAND AL and LENGTH OF STAY	CITY (If outside corpo	rate limits, write RUR	AL and give nearest town)
OR give nearest	town)	(in this place)	OR	U000	and give hearest town,
HOSPITAL OR	DU.S. HRMY K	LOSPITAL	STREET	(If rural, give le	ocation)
INSTITUTION OF	R	PROVING GROVED	ADDRESSARMY	CHEMICAL (ENTER
3. NAME OF DECEASED (Type or Print)	MARTIN.	BABY FIRL	(Last)	OF /	onth) (Day) (Year)
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year If under 24 h
FEMALE	WHITE	WIDOWED, DIVORCED, (Specify)	JANUARY 18, 1951	yrs.	Months. Days Hours Min
10a. USUAL OCCUP.	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	MARY LAND	or foreign country)	12. CITIZEN OF WHA
13, FATHER'S NAM	Œ		14. MOTHER'S MAIDE	NAME	La - U TV ,
I come a share a	CUGHTON M.	ARTIN	ELIZA	PUCCETT!	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS Sat.	Billard H. Martin
(1es, no, or unknown)	(If year, give war or dates service)	OI .	2800 (114. TEST	Sy. Army (HENICAL CENTER I
		18. MEDICAL CE	RTIFICATION	0	INTERVAL BETWEE
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
		Respins tony	Failure		36 hours
Immediat	e cause (a)	The state of the state of the state of	······································	00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Anteceder	nt cause(s)	0 /	. 4		
59 Diseases or	conditions, if any, (b)	trematur,	114		######################################
giving rise t	o the above cause inderlying cause last				
Conditions contribu	ICANT CONDITIONS uting to the death but not use or condition causing deat	th.			
19a. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
-					Yes 🖂 No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office hidg., etc.) URY	(CITY OR	TOWN) (0	COUNTY) (STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OF	CCUR?	
OF INJURY	m.	Work At work			
		e deceased from /B Jan	A		
alive on) am : , 19.5/, ar	d that death occurred at(Degree or title)	ADDRESS from the	e causes and on the	e date stated above. DATE SIGNED
Emeneu	1D. Brodek	4 M.D. 152t.	MC - STA. HOSE	, ABERDEEN	V. Mcl 19 Jan. s
BEMOVAL (Spec	CATION DATE CELLY)	5 100 / 1 1-00	RY OR CREMATORY	LOCATION (City, tow	n, or county) (State)
PATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT	11/ 7	ADDRESS
20108	1201250	1	atrus	don W	cd
	100000		,		



CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-	11-1-0
MARYLAND MARYLAND	mary aux	Hayaso.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give reasest town) TOWN CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this picture) OR OF THE COLUMN (in this picture)	OR CITY (If outside corporate limits, write RURAL and give	nearest town)
TOWN Cheralee Swaiths	TOWN Ciler delle	
HOSPITAL OR INSTITUTION OR	STREET ADDRESS ((If gural, give location)	_
STREET ADDRESS	104 1100 rucu A)	/ - ,
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print)	DEATH Jamely	18 195/
5. SEX 6 COLOR OR RACE 7. SINGLE, MARRIED		year If under 24 hrs.
Tuale With WIDOWED DIVORCED (Specify) Warrier	aug 6th 1904 46 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on		CITIZEN OF WHAT
Suff & Melle of Frage allarinent Houses	Mary and.	OUNTRY?
13. FATHER'S NAME OF A	14. MOTHER'S MAIDEN NAME	
Dr. Patriel: 7. Warin Ar.	Margaret & Larorau	_
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. NFORMANT	
(Yes, nd, or unknown) (If yes, give war or dates of	1 Braden ruartur	
18. MEDICAL CEI	REMITICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
DESCRIBED ON CONDITIONS DIRECTED EEADING TO DEATH	- 1/2. 2	ONSET AND DEATH
Immediate cause (a) Coronary	-conside	5 mi
450.1		
Antecedent cause(s) Diseases or conditions, if any, (b)		
giving rise to the above cause	***************************************	40 00 00 00
To stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
138. DATE OF OPERATION 138. MAJOR FINDINGS OF OPERATION		\
OL DEPORT OF HOLD WAS A DEFORMED AS A SECOND OF THE SECOND	(OTTO OD MONING	Yes No No
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY OR CONTRIBUTING OF office bidg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
CAUSE OF DEATH. INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	
INJURY m. work at work		
22. I certify that I took charge of the remains described above, held an A	utanen [Inspection [Inquiry [thereon and f	rom the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the day stated above und deuth in my o	minion resulted
from: natural causes [7], accident [7], suicide [7], homicide [7],	undetermined .	,
from: natural causes , accident , suicide , homicide ,	undetermined	PATE SIGNED
from: natural causes [], accident [], suicide [], homicide [],	undetermined .	
from: natural causes [], accident [], suicide [], homicide [], SIGNATURE Colored M. D. Deputy howard	Examen Hayful Co. Boldin M.	PATE SIGNED
from: natural causes [], accident [], suicide [], homicide [], SIGNATURE LULL C Palmer M) Deputy hours 23. BURIAL, CREMATION DATE THEREOF NAME (OF) CEMETER	Examen Hayful Co. Boldin M.	PATE SIGNED
from: natural causes [], accident [], suicide [], homicide [], SIGNATURE LULL C A D D D D D D D D D D D D D D D D D D	Example Taylor Co. Bold is M Example Haylor Co. Bold is M RY OR CREMATORY & LOCATION (City, war or churty Fullade Office T	PATE SIGNED 1/9/51 (State)
from: natural causes [], accident [], suicide [], homicide [], SIGNATURE (Degree or title) 23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETER PATE REC'D BY LOCAL RECISTRAR'S SIGNATURE REG. 764	Example Hayrus Co. Bold in M RY OR CREMATORY & LOCATION (City, was a churky Little Company of the City of the Company of the City of the Company of the Co	PATE SIGNED
from: natural causes [], accident [], suicide [], homicide [], SIGNATURE (Degree or title) 23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETER WHO YAL (Specific) PATE REC'D BY LOCAL (VEGISTRAR'S SIGNATURE)	Example Taylor Co. Bold is M Example Haylor Co. Bold is M RY OR CREMATORY & LOCATION (City, war or churty Fullade Office T	PATE SIGNED 1/9/51 (State)



1. PLACE OF DEATH.

HOSPITAL OR

INSTITUTION OR STREET ADDRESS

ARFORD

RFORN

(First)

6. COLOR OR RACE

GEORGE

10a. USUAL OCCUPATION (Give kind of work

done during most of working life, even if retired)

15. WAS DECRASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) | (If wes, give war or dates of (service)

> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

> > (Specify)

DATE THEREO

TIME (Month) (Day) (Year) (Hour)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

Immediate cause Antecedent cause(s)

COUNTY

3. NAME OF

5. SEX

DECEASED

(Type or Print)

13. FATHER'S NAME

21. ACCIDENT

OF INJURY

signatury

BURIAL, CREMATION

DATE REC'D BY LOCAL

SUICIDE HOMICIDE

BR/ES

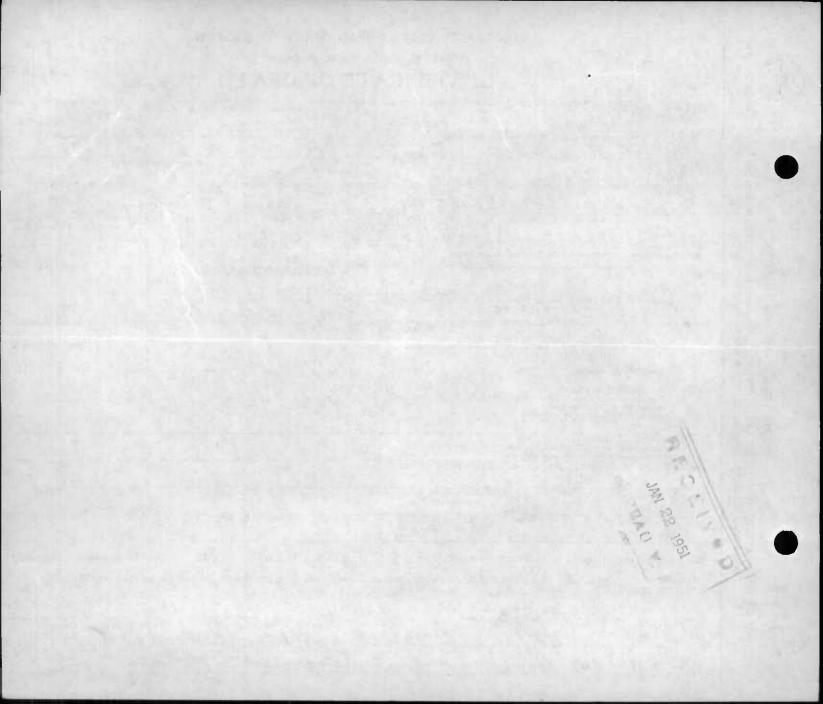
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No 2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND MARYLAND CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY (in this place) TOWN HAURE GRACE STREET (If rural, give location) (Middle) (Last) 4. DATE (Month) (Day) (Year) Commons 195/ DEATH W V. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S. DATE OF BIRTH 9. AGE last hirthday | If under 1 year | If under 24 hrs. Months | Days Hours | Min. 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY MARYIAnd 14. MOTHER'S MAIDEN NAME mmons 17. INFORMANT 16. SOCIAL SECURITY NO. AND ADDRESS 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes [] No P UF office bldg., etc.) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) INJURY OCCURRED HOW DID INJURY OCCUR? While at Work At work 22. I hereby certify that I attended the deceased from aculand that death occurred atA.m., from the causes and on the date stated above. (Decree or title) ADDRESS DATE SIGNED m. 19-51 CEMETERY OR CREMATORY, LOCATION (City, town, or county) (State) RIGISTRAR'S SIGNATURE UNERAL DIRECTOR ADDRESS

every item the Suppl write INK. INFADING 1 Physicians: PLAINLY, WITH Us especially important. WRITE PLEASE



VS. A15A

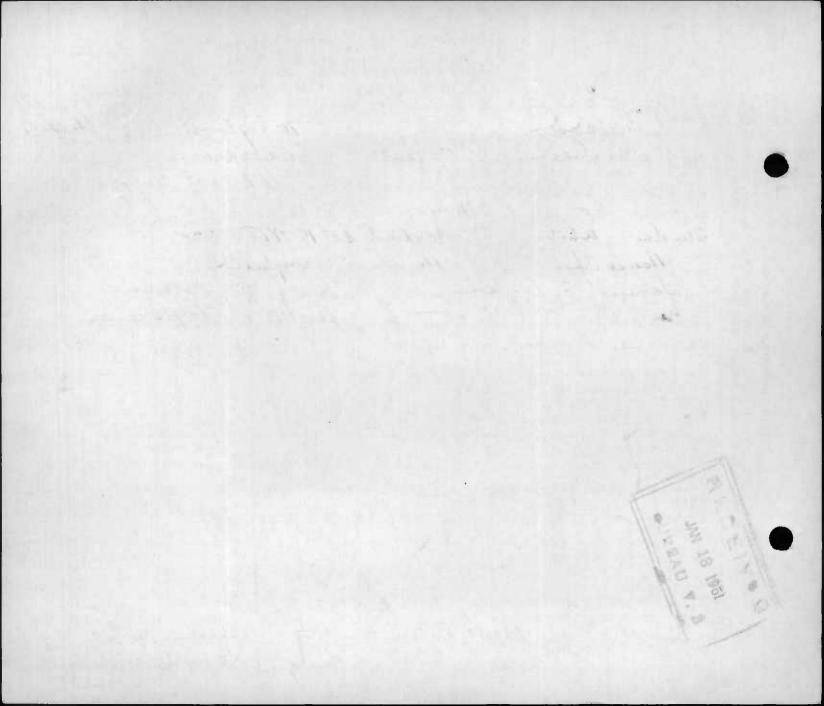
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

0572

COUNTY //	2. USUAL RESIDENCE (HOME) OF DECEASED.	110
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nea	arford.
CITY (If outside comporate limits, write RURAL and LENGTH OF STAY OR give nearest fown) in this place) TOWN TOWN	TOWN Cherbeen	resptown)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 117 Post Pload	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Da	y) (Year)
(Type or Print) Trane Mary Mc	Pherson DEATH Janery 1:	5 1951
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 9. AGE last birthday I winder I year Months Day	If under 24 hrs. Hours Min.
done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CIT COUNTRY	TIZEN OF WHAT
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	
Samuel T. Taylor	Maris Tu. Brown	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no or unknown) (If yes, give war or dates of service)	Walter B. Taylor	
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONI ONI	ERVAL BETWEEN SET AND DEATE
Coronary o	celusion	team
420, Immediate cause (a)	* ************************ * *********	
Antecedent cause(s) Diseases or conditions, if any, glving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Trans.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20.	AUTOPSY?
		es 🗆 No 🗇
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY m. work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decefrom: natural causes , accident , suicide , homicide , SIGNATURE (Degree or title) 23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETER BOMOVAL (Sylvily) DATE REC'D BY LOCAL (REGISTRAR'S SIGNATURE) REG. 16-195	Description of the day stated above, and death in my opin undetermined []. ADDRESS D. LY UNION Harfurd Co Bold in the country of the count	the evidence ion resulted ATE SIGNED (State) DDRESS
	- rue	

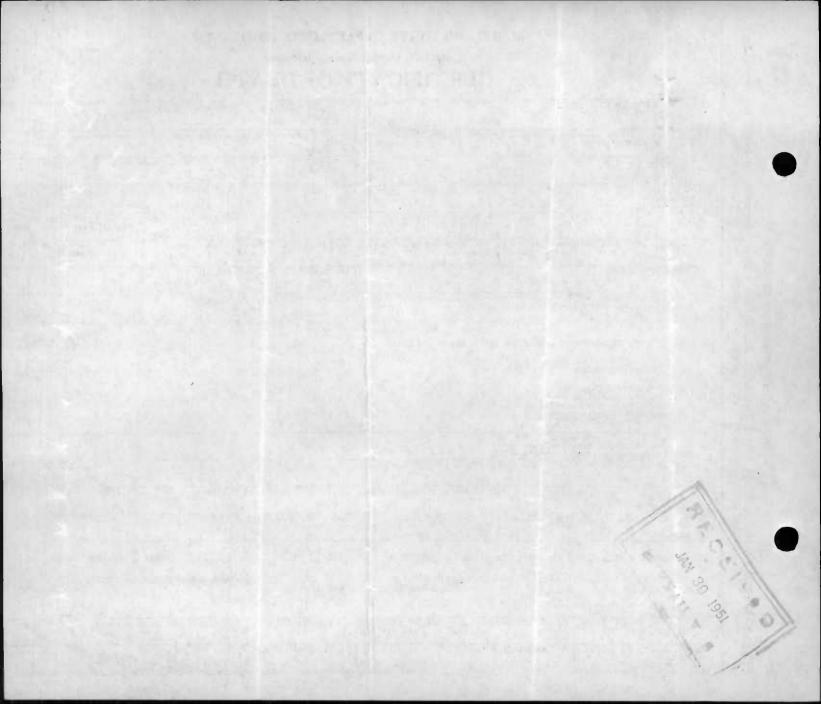


2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(1573) Reg. Dist. No.

1. PLACE OF DEATH. COUNTY MARYLAND	2. USUAL DISTIPLICE (HOME) OF DECEASED COUNTY	Horfol
CITY (If outside corporate lights, write RURAL and OR give nearest town) TOWN CITY (If outside corporate lights, write RURAL and OR give nearest town)	CITY (II offside cofforate limits, write RURAL and give OR TOWN Cresswell	e nearest (bwn)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET Bel al (If rural, give location)	
3. NAME OF DECEASED (First) Crorge Howard	McVey 4. DATE (Month) OF DEATH James	(Day) (Year) 23 19 ⁵ /
6. COLOR OR RACE 7. SINGLE, MORRIED, WIDOWED DIVORCED (Specify)	S. DATE OF BIRTH 9. AGE last birthday If wider	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done dearing acks of working life, even if retired) 10b. Kind of Business or Industry Industry		CITIZEN OF WHAT
Thu & Me Vey	Martia Hopes	
15. NAS DECRASED EWR IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Y.S., no, or unknown) (Il yes, give war or dates of the service)	Wir when I. Frey Oceanell	· md
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	tie CV disare	INTERVAL BETWEEN ONSET AND DEATH
422 / Immediate cause (a)		(
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		000000000000000000000000000000000000000
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work — At work —	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov.	1, 19 50, to, 19, that I last sa	w the deceased
alive on 1980, and that death occurred at SIGNATURE (Degree or title)	m., from the causes and on the date sta	
Leveld & Palmer My	Beldin, nd 11	23/51
Survey Jan. 26, 195 Collest	CRY OR CREMATORY LOCATION (City, town, or county	nd will
DATE REC'D BY LOCAL MEGISTRAR'S SIGNATURE REG. 26 1951 On and m mon local	Stoward Motorice V &	ADDRESS
	- atugdon med 100	18 5-

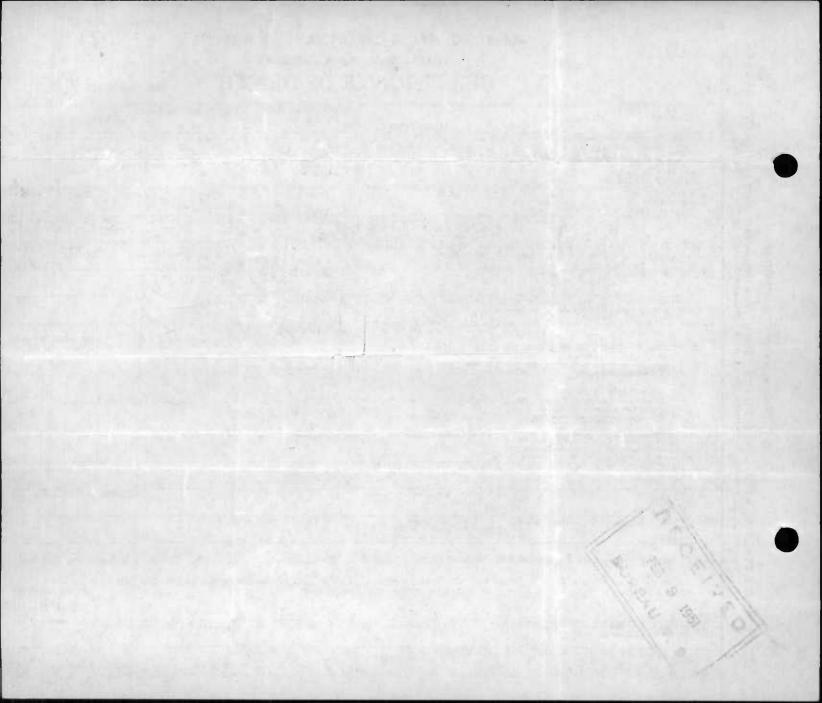


2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Harford
CITY (If outside corporate limits, write RURAL and OR give nearest tax)	CITY (If outside corporate limits, write RURAL and gi	ve nearest sown)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If fural, give location)	
3. NAME OF DECEASED (First) (Middle) (Type or Print) JEANETTE	PLACE 4. DATE (Month) OF DEATH CAN 2	(Day) (Year)
Lemale Henite Specification	19ea/6. 875-75 yrs. Months	1 year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done delige most of working life even if retired) 10b. Kind of Rosiness or House the Company of Rosiness or House the Rosiness of Rosiness of Rosiness or House the Rosiness of Ros	New york state	2. CITTEN OF WHAT COUNTERT S
13. FATHER'S NAME Naumen alger	Louis Mills	
15. Was Decrased Ever In U.S. Armed Torces? 16. Social Security No. (Yes, no.) runknown) (If yes, give par or dates of service)	Mrs. E. R. Stroll	
18. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	extification horth East, Mid,	INTERVAL BETWEEN ONSET AND DEATH
1/20 Immediate cause (a) Coronary C	aclusin	Suddye
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	resure Cardes Varence	1 S
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY1
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	Yes No P
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from	3, 195, to 29, 195, that I last s	saw the deceased
alive on 26, 1951, and that death occurred at SIGNATURE: (Degree or title)	5.40 P.m., from the causes and on the date st	tated above. DATE SIGNED
Wellerd P. Gudson M.D. 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	FOREST HELD Md.	1-30-51
Rymayal (Specify) Feb 3 1957	DY OR CREMATORY LOCATION (City, town, or country Location (City, or country Location (City, or country Location (City, or country Location (City, or country Location	nd.
REG. N. 30, 195 C. H. FUNR	Ho, Bailen	arling to
	720826	md.

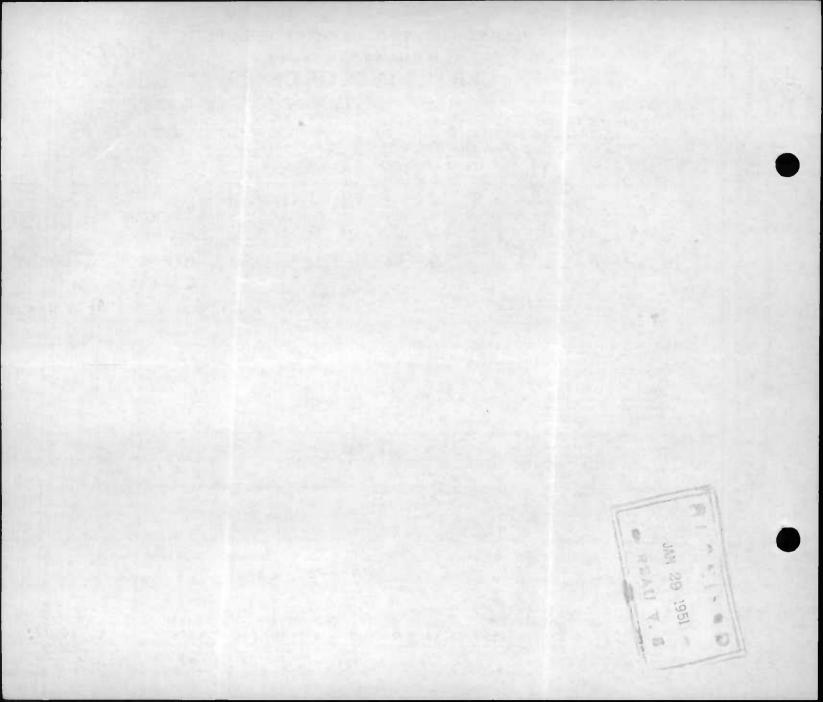


2411 N. Charles Street, Baltimore

057.5

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY HAPFORD	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town BEL AIR (RURAL) (in this place)	TOWN ABERDEEN (RURAL)
HOSPITAL OR HARFORD CONVALESCENT NAME INSTITUTION OR HARFORD CONVALESCENT NAME	STREET (If rural, give location) ADDRESS CHURCHVILLE
3. NAME OF DECEASED (Type or Print) LAURA ROSE	PLUMMER 4. DATE (Month) (Day) (Year) OF DEATH 1 24 1951
6. SEX FEMALE 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED.	S. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. H - 29-1861 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry Home	11. BIRTHPLACE (State or foreign country) NORTH CARCLINA 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME UNKNOWN	14. MOTHER'S MAIDEN NAME UNKNOWN
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	RUTH MACOMBER, R.D. V, ABERDSEN, MD.
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
422 Immediate cause (a) Chr. myoca	reid Risease
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	relevosis
(c)	
related to the disease or condition causing death.	re la
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) SUICIDE HOMICIDE PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
	1950, to Jan 2 4 1951, that I last saw the deceased
alive on	ADDRESS Trom the causes and on the date stated above.
Willard F. Hulson ?	m D. + nest I fel mg 425/5/
REMOVAL (Specify) 1-26-1951 CRANBERR	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	To my want management
125/5/ Wella Towood	124. FUNERAL DIRECTOR HENRY TARRING & SONS



VS. A15A

3 & 17 -Evidence shown on Film G131 3/22/51 jt.

Affidavit of the informant and STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

0576

I. PLACE OF DEATH OF FORM	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	tarford
CITY (If outside corporate limits) write RURAL and LENGTH OF STAY OR give nearest town the corporate limits) write RURAL and LENGTH OF STAY TOWN	OHT III outside corporde filmits, write RURAL and give	a neares town)
HOSPITAL OR INSTITUTION OR FOUNDATION OF MEMORIAL MEMORIA	STREET (If ru al give io ation)	
3. NAME OF (Fift) (Middla) P (Type or Print)	Y C C JR. 4. DATE (Month) OF DEATH January	(Day) (Year) 30 195/
Male Wishite 7. HINGLE, MARRIED, WIDOWED, WIDOWED, (Specify)	VSC, 21, 1111 27 yrs.	Days If undar 24 hrs. Hours Min.
The during most of figure life, even if retired) for the during most of figure life, even if retired) for the Low	Starford Co. md.	COUNTRY OF WHAT
form & Price Horse	Martina amos	
(Yes, mo or unknown) (If yes, give war or dates of service) (If yes, give war or dates of service)	ers John H. Pric	JR.
18. MEDICAL CE 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICOMON BUN - OW MAN	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Gun shot woun	dcerebruu	14hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause		***************************************
atating the underlying causa last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but ant related to the disease or condition causing death.		
19n. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No No
21. EXTERNAL CAUSE WAS PRIMARY (Nor CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	Beldir Harford	Md.
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF Not while Not while Not work at work	shot sels with pisto	1 20 20
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	eased died on the dry stated above, and death in my a	from the evidence opinion resulted
from: natural causes [], accident [], suicide [X], homicide [], SIGNATURE (Degree or title)	undetermined □. ADDRESS	DATE SIGNED
23. BURIAL CREMATION DATE THEREOF NAMES OF CEMETE	or thylod Co. & Air Md	/ 30/5 x) (State)
But to by Local Registras Sienature	The state of the s	Aldress
Feb; 1, 1951 E.H. Birde	H.S. Bailey Mark	inglor
Nr. U. L. Lewis	990619 M	d,

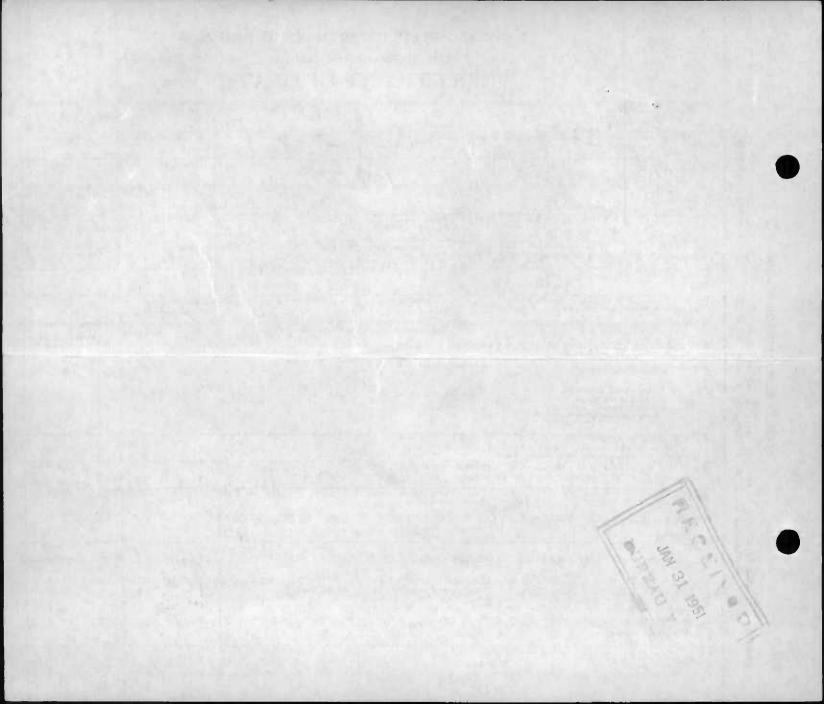


2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH APP TOPE OF MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	WARTERD
CHY (if outside corporate limits, write BORAL and LENGTH OF STAY give nearly to TOWN (in this place)	TOWN (NAR IN OTO)	e nearest town)
HOSPITAL OR INSTITUTION OR VARIOR OR MEMORIAL KOS	STREET (If fural, give location)	
3. NAME OF DECEASED SAMUEL TRECK	TACINE 4. DATE (Month) OF DEATH ANIMARIA	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specific Ladow)	VS DATE OF BIRTH, 9. AGE last bighday If under 1	year If under 24 hrs. Hours Mln.
done buring lost of working life govern fretired 10b, Kind of Business or done buring lost of working life govern fretired 10b, Kind of Business or done buring lost of working life government.	hill the Cecil Co, md,	CITIZEN OF WHAT
13. FATHER'S NAME UNKNOWN	Mensus Maiden NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	hrs Rosemary / noma	
18. MEDICAL CE	extification Darlington mod	To-
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	muitic	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a)	0 0 0 11 5	
5HO / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause lisst	Gastric Uleer	
(e)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 1. 24.51	Peritoritis	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from. 1.24	1951, to 1.27, 1951, that I last sa	w the deceased
alive on 1, 2/., 1951, and that death occurred at		
SIGNATURE (Degree or title)	ADDRESS COO MJ	DATE SIGNED
Acexander Sandler 170. 110	whe de brall, 17d 1.21	.51
23. BURIAL, OREMATION PATE THEREOF NAME OF CEMETE	ery on crommy Logation (City, town, or county	md (State)
DATE REC'D BY LOOM REGISTRAR'S GRAATUR M. S.	A. FUNERAL DIRECTOR War	ADDRESS
	690 956 m	d



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0578

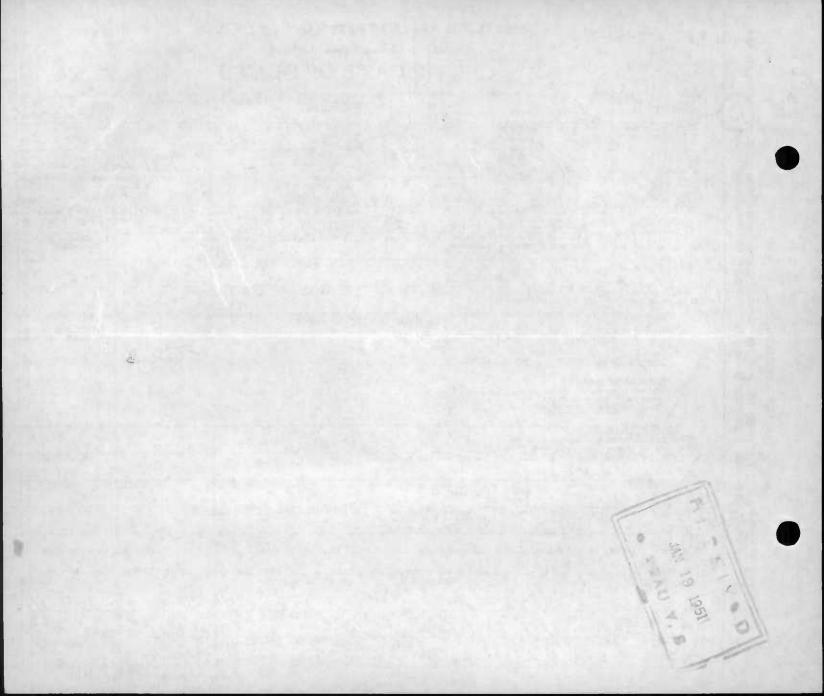
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	(11 1 ,
MARYLAND	1110.	Harford
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give OR Delcam)	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Belcamp Mo.	STREET (If rural, give location)	
3. NAME OF (First) / (Middle) DECEASED (Type or Print) CATHERINE S.	(Last) 4. DATE (Month) OF DEATH	(Day) (Year)
5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) \$\(\cdot	8. DATE OF BIRTH 9. AGE last birthday If under	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	1 Baltimore 12	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
LEONHARD PEPP	MARY STUMPNER	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS	
service)	TILLIE ZUKOWSKI.	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Con many T	Manufradi	71000
Immediate cause (a)		
5 10, Santecedent cause(s) Diseases or conditions, if any. (b)	betreeting I have grade)	14 days
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c)	(cause not Known)	***************************************
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Lyshosis	2 year
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Contract of the Contract of th
		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	
SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR?	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	110W DID INJURY OCCUR? 1947, to Jee 2, 195, that I last s	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY INJURY OCCURRED While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from At work alive on Jan 19.5 , and that death occurred at SIGNATURE Office bldg., etc.) While at Not While Not While At work OF office bldg., etc.) INJURY OCCURRED While at Not While Not While At work OF office bldg., etc.)	110W DID INJURY OCCUR? 1947, to Jan 2, 195, that I last s 5:30 A.m., from the causes and on the date st ADDRESS Led O Hode	(STATE) aw the deceased ated above.
SUICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work alive on Jan 1951, and that death occurred at SIGNATURE (Degree or title) Let O Hooles M.O BURIAL CREMATION DATE	110W DID INJURY OCCUR? 1947, to Jack 2, 1954., that I last s 8:30 A.m., from the causes and on the date st	aw the deceased ated above. DATE SIGNED (State)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY INJURY OCCURRED While at Not While INJURY Mork At work 22. I hereby certify that I attended the deceased from At work alive on Jan 1 19.7 , and that death occurred at Office or title) Let Office bldg., etc.) While at Not While No	110W DID INJURY OCCUR? 1947, to Jack 2, 195, that I last s 8:30 A.m., from the causes and on the date st ADDRESS The Defendance of the cause of the date st ADDRESS The Defendance of the cause of the date st ADDRESS The Defendance of the cause of the date st ADDRESS The Defendance of the cause of the date st ADDRESS The Defendance of the cause of the date st ADDRESS The Defendance of the cause of the date st ADDRESS The Defendance of the cause of the date st ADDRESS	aw the deceased ated above. DATE SIGNED (State)

VS. A15

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

	Reg. Dist. No//	
1. PLACE OF DEATH ARIORS, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	arford
CITY (If outside or porate limits, write RODAL and OR give nearest toyn) (in this place)	CITY (If outside corporate limits, write RURAL and give near OR TOWN	rest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS NAR ORD MEMORIAL	STREET (If rural, give location) ADDRESS ADDRESS A-Institute for	anders
3. NAME OF DECEASED (First) PANALE (First) PANALE (First) PANALE (First)	ROULE 4. DATE (Month) (Day	17 1951
6. SEE 6. COLOR OF LACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED, (Specify)	8. DATE OF BIRTH 9. AGE last birt day If under year Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTAPLACE (State or foreign country) 12. CITY COUNT	
William d. Raberto	14. MOTHER'S MAJOEN NAME BEET HA EllEN	e -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS Records	
18. MEDICAL CE		BVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	A BLA O ONSI	ET AND DEATH
762 o Immediate cause (a) Well	uses oficial a	dup.
Antecedent cause(s)		/
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		아마리 숙선이 100 등의 Cofformania (Paris, Andréis, Andréis)
TI. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death hut not related to the disease or condition causing death.	cou a /	du
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		AUTOPSY1
OF ACCEPTANTE (Secretary 1 DIACE (Home forms fortown expect		8 No
21. ACCIDENT (Specify) SUICIDE HOMICIDE SUICIDE HOMICIDE PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 19, to 74200 19.57, that I last saw th	ne deceased
alive on	ADDRESS	above. TE SIGNED
23 RENAL CREMATION DATE THEREOF NAME OF CEMETE	BY OR CREMATORY LOCATION (City, town, mounty)	1/17/51
1/17/51 Cingel 7	ill Hande Than	DRESS
RATE REC'D BY LOCAL RIGHTRING SIGNATURE REG. 17-1951 4. Lewis M. D.	Venningen H/Sm	DRESS
10 20 1161222 415	O 1 tomede Chace	



correct age

Evidence for addition

shown on:

#9 G

in #8 & HIM No.

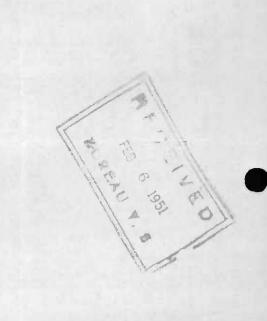
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

9 1951 FOR MEDICAL EXAMINERS

05811

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY H 3 T T O T 9 MARYLAND	STATE Mc COUNTY HOL-Ford	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	OR CITY (If outside corporate limits, write RURAL and give nearest town)	
HOSPITAL OR	TOWN De/Air STREET (If ru al give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle) DECEASED	(Last) (A. DATE (Month) (Day) (Yes	ar)
(Type or Print) VC YNON WINFIELD ~	CATT DEATH January 30 19	5/
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Municipal (Specify)	DATE OF BIRTH 9. AGE last birthday II under 1 year II under 24 Hours A	
done during most of working life, eyen if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WI	HAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-
Thomas Wenfield Stouff	Georgia amova	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL FEBRUARTY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT	
lservice)	mis Heavie MScorf tout Hely	21
18. MEDICAL CE	INTERVAL BETW	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DE	ATH
976 x Immediate cause (a) Lun shot w	round cerebrum now	R
Antecedent cause(s)		
164C Diseases or conditions, if any, (b) giving rise to the above cause		PO 00 E 70
stating the under'ying cause last		
II. OTHER SIGNIFICANT CONDITIONS		-
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY	
	Yes No	12
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH. INJURY	BOLAN HOWN) (COUNTY) (STATE)	Y
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?	
INJURY Jon 20 /96 / 61m. work at work	Shot self with shot gun	
22. I certify that I took charge of the remains described above, held an A	utopsy . Inspection . Inquiry . thereon and from the eviden	ce
obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the dry stated above, and death in my opinion resulte	ed .
from: natural causes [], accident [], suicide [], homicide [], SIGNATURE (Degree or title)	ADDRESS DATE SIGNE	ED
d. ale Pol word That is	Framin Hafford Co. Bolain ul 1/30	1
Lerwin Course by sopry marcas	270 -0 (4 // 01 0. 1321)	1/57
23. RURIAL, CREMATION DATE THEREOF NAME OF CEMETE! FLEE 2 - 1957 Treesed	01 7 00-4 11-1 0 34-4	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	
REG. 1-1-51	marting Rank.	
Conscience of wood	The state of the s	
	82010	



The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

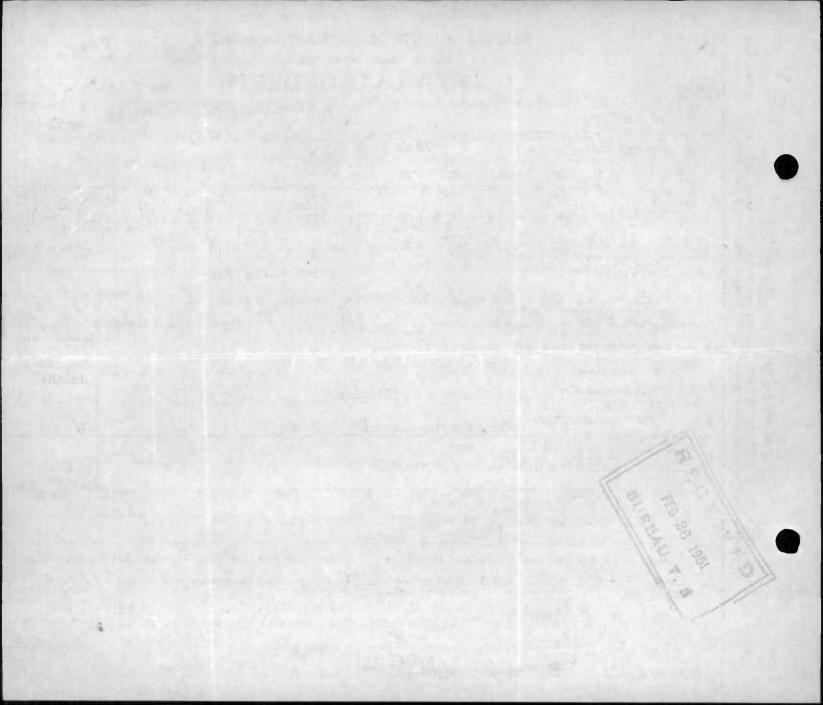
Evidence for change in #9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

RTIFICA	ATE	OF	DEA	TH

HIM NO. G 1 - MAR 1 1951 CERTIFICAT	E OF DEATH Reg. Dist. No	25
1. PLACE OF DEATH- COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Cecil
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Rel Air (in 20 is option)	CITY (If outside Proporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR Harford Convalescent Home STREET ADDRESS	STREET (If rural, give location) ADDRESS	V
3. NAME OF (First) (Middle) DECEASURY Annie (Types Teasury Annie	(Lest) 4. DATE (Month) OF DEATH Jan. 30	(Day) (Year) 1951 19
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) UNILL	2-20-1042 BOD = yrs.	Days Hours Min.
done daring most of working life even if retired) 10h. Kup of Business on Industry Industry Industry Industry	Md	CITIZEN OF WHAT
Inlin Smither	14. MOTHER'S MAIDEN NAME VOGAN	W)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 1) of unknown) (If yes, give war or dates of service)	Warre We Keever, Porti	chanit and
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Coronary Embolism		Suddeh
Antecedent cause(s) Diseases or conditions, If any, (b) Auricular Fibrillat:	ion	death
93d giving rise to the above cause stating the underlying cause last (c) Chr. Cardio-vascula:		?/
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 22		
alive on Jan. 26, 1951, and that death occurred at 1.	1:30 a.m., from the causes and on the date sta	ated above.
Willard P. Hudson M.D.	Forest Hill, Md. 1-30-	-51
23. BURIAL, CREMATION DATE THEREOF NAME OF COMETEI	Port Welresit	ud Qual
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 23/95/ Wwilla Towood	24. FUNERAL DIRECTOR LEGISLA &	ADDRESS
	- Gerefull	y rud.



2411 N. Charles Street, Baltimore

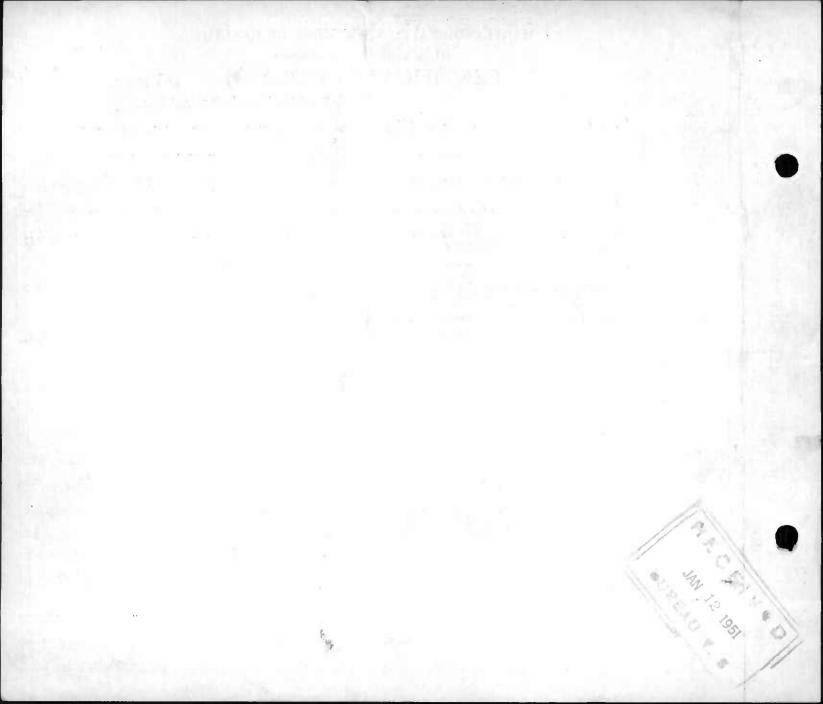
CEDTIEICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No	100
1. PLACE OF DEATH- COUNTY Jarford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Harford
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN CITY (If outside corporate limits, write RURAL and ItemSTH OF STAY (in this piace)	CITY (If outside corporate limits, write RURAL and give no OR TOWN	earest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3/35 Freedom, alley	STREET ADDRESS 3 13 So. Treedom Ce	Eley
3. NAME OF First DECEASED (Type or Print Harriet Marie S	Landbury 4. DATE (Month) (I	Day) (Year)
5. SEX 6. COLOR OR BACE 7. SINGLE MARRIED, WIDOWED DIVORCED, (Specify)	8. DATE OF BIRTH Sec. 25/868 9. AGE last birtiday If under Yy Months Da yrs.	rear If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life eyen if retired) 10b. KIND OF BUSINESS OR INDUSTRY		UNTRY? U.S. A.
13. FATHER'S NAME Stanstures	14. MOTHER'S MAIDEN NAME UNKNOWN	
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT Vermon Stans	Lury
In DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Bulatural Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Conditions contributing to the death but not related to the disease or condition causing death.		NEERVAL BETWEEN DISET AND DEATH 2 chays
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	1.1
PEMOVAL Specify)	Have de Jule Mil RY OR CREMATORY LOCATION (City, town, or country) REAL STATES RY OR CREMATORY LOCATION (City, town, or country) REAL STATES	
	020	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15



The correct age

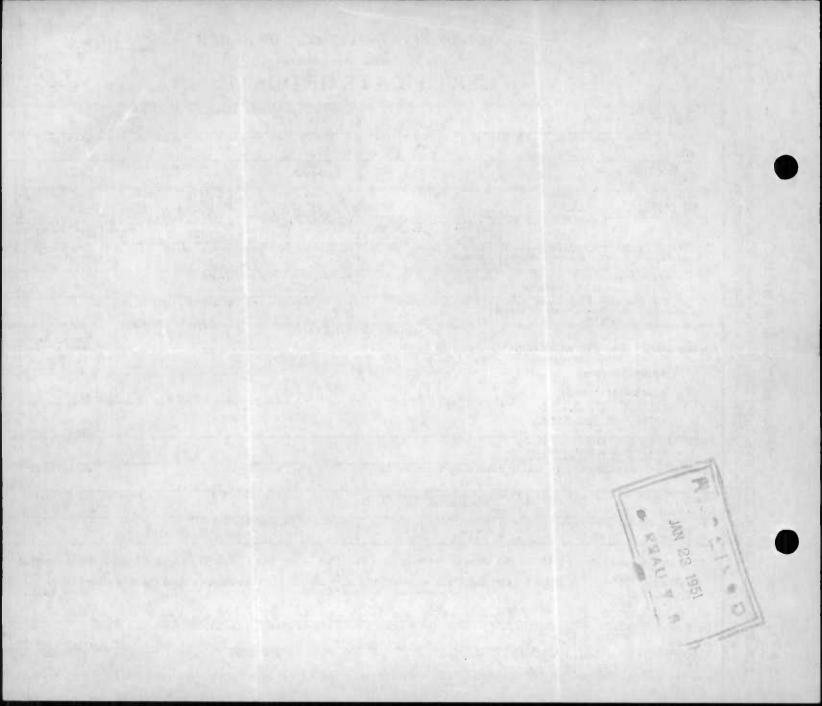
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0583

			DOI DENT	N. A. M.	eg. Dist. No	
1. PLACE OF DEATH-	andred	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECI	EASED COUNTY	
CITY (If outside corporate OR give nearest town) TOWN	Belan		CITY (If outside corpo OR TOWN	rate limits, write R	URAL and riv	re nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	fortler H	me	STREET ADDRESS	(If rural, g	ive location)	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	STROTHER	4. DATE OF DEATH	(Month)	(Day) (Year) 20 195
5. SEX 6. CO	LOR OR RACE 7	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birth	If under Months	1 year If under 24 hrs Days Hours Min.
done during most of working		Ob. KIND OF BUSINESS OR INDUSTRY		ada		COUNTET?
13. FATHER'S NAME	inhum	4	14. MOTHER'S MAIDEN	~		
15. WAS DECRASED EVER IN (Yes, no, or unknown) (If yes, service	, give war or dates of	16. SOCIAL SECURITY No. 216-12-6041	Charles & Jon	ADDRESS CL	Rey Fan	mel
I. DISEASES OR CONDIT	ONG DIDEOMIN II	18. MEDICAL CE	RTIFICATION			INTERVAL BETWEEN
		Coral-al 6	Lemonth and			ONSET AND DEATH
Antecedent caus	se(s)	Lypertensing	- Cardia-	lascular	. disso	7
giving rise to the ab stating the underlyi	ove cause	01			. lm = .m	
II. OTHER SIGNIFICANT Conditions contributing to related to the disease or co	the death but not			MILTER		
19a. DATE OF OPERATIO		NDINGS OF OPERATION	***			20. AUTOPSY?
21. ACCIDENT (Spe SUICIDE HOMICIDE	eify) PLACE OF INJUR	(Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) OF INJURY	(, , , , , , , , , , , , , , , , , , ,	NJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CUR?		
22. I hereby certify that	at I attended the	deceased from Jan 15		20, 19.5.1, t	hat I last s	aw the deceased
alive on Jan.	8, 1951., and	that death occurred at(Degree or title)	1226 A.m., from the	causes and on	the date st	ated above. DATE SIGNED
Willard	P. Ide	edson, M.	D. Forest 1	Lee m	d	1/20/51
23. BURIAL, CREMATION EMOVAL (Specify)	Vary 22/5	1 Int gim		LOCATION (City,	been Ha	sford my
DATE REC'D BY LOCAL REG. //20/3/	REGISTRATES SI	a forwood	24 FUNERAL DIRECT	eter Be	Lan	ADDRESS
			0	6	90 85	9

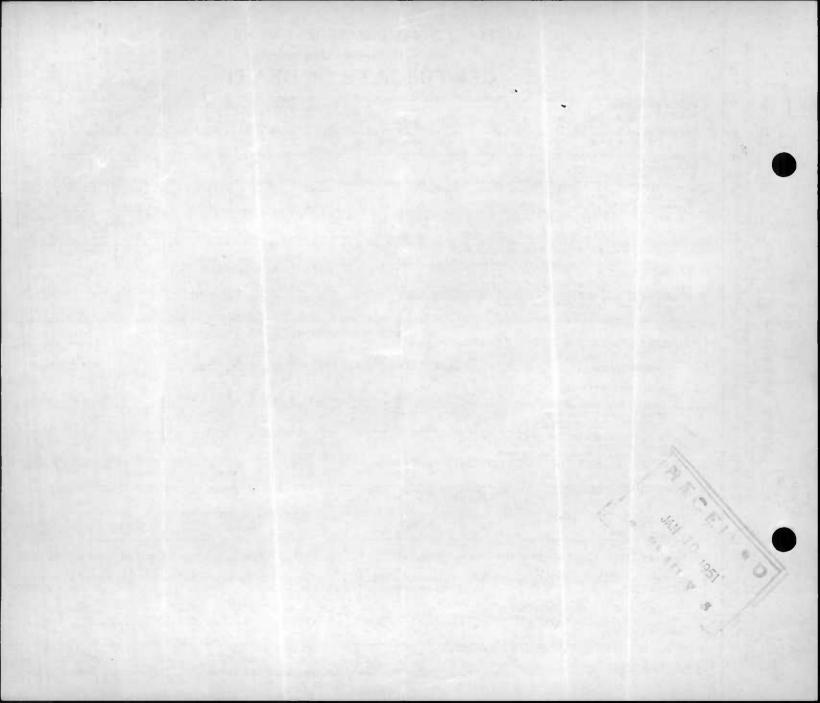


2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	Harting
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Type or Print)	(Last) 4. DATE (Month) OF DEATH OF DEATH OF	(Day) (Year)
5. SEX 6. COLOR OR HACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married,		year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OF INDUSTRY (AUTHOR)	11. BIRTHPLACE (State or foreign country) (12.	CITIZEN OF WHAT
13, FATHER'S NAME & Skellivary	War goret Lynch	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of 705-07-9922	17. INFORMANT AND JADDRESS Edgers	rd rud
I8. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary O	celusin	9 days
#20. Antecedent cause(s)	enote heart disease	10 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	N.	44 99 99 0400.000 of proving constants.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Me
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work Atwork	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Die 1	(, 1957., to J. 4m. 1., 1957., that I last sa	w the deceased
alive on	ADDRESS and on the date sta	ted above. DATE SIGNED
Tred O Hodows m.D.	Edgeword, md.	12-51
BEMOVAL (Specify) Au. 4, 1951 St. Fran	RY OR CREMATORY LOCATION (City, town, or country of the country of	hol, und
Par 4, 1951 mane m. men le date	Howard I. Me Bruss	ADDRESS
	abugaru lud 6/10	506

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



VS. A15

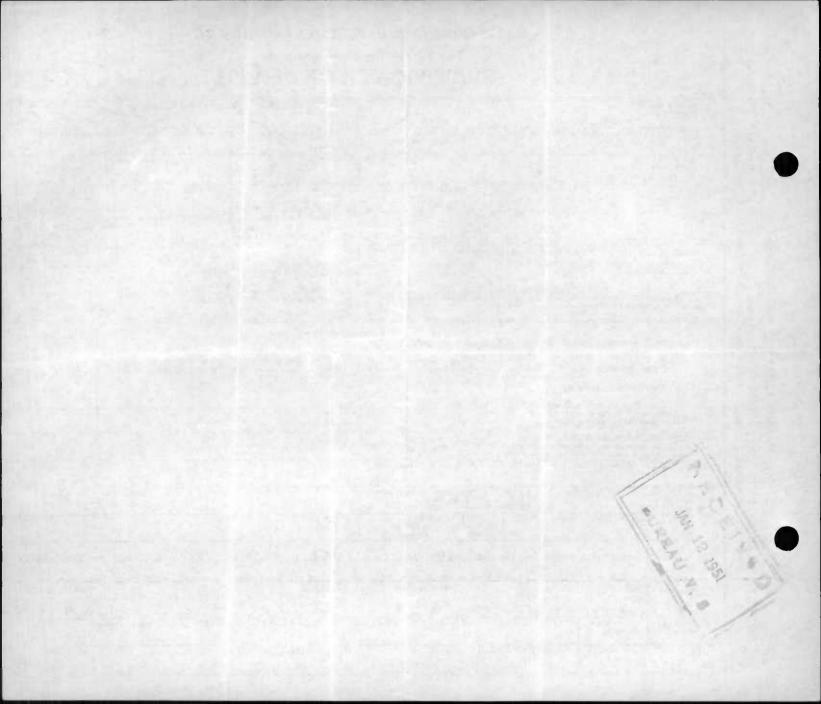
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0585

1. PLACE OF DEA	тн-		2. USUAL RESIDENCE (HOME) OF DECEASED COUN'	rv / /
_	acfach.	MARYLAND	Mari	laced	Harfard
OR give neare	corporate limits, write RUR	AL and LENGTH OF STAY (in this place)	OR (If outside corpor	rate limits, write RURAL and	rive nearest Lown)
TOWN Put	esville Ru	ral 50-ma.		aville. Ru	11
HOSPITAL OR			STREET	(If rural, give location)	
INSTITUTION STREET ADDR	OR ESS		ADDRESS		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	EIIA	MAY 1	URNER	DEATH COLL	6 - 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	1 8. DATE OF BIRTH	9. AGE last bir hday If unde	
Francele	liter	WIDOWED, DIVORCED,	May 20-187	80 yrs. Month	s. Days Hours Min.
100 USUAL OCCU	PATION (Give kind of work	(Specify) Control 10b. Kind of Business or	11. BIRT APLACE (State	or foreign country)	12. CITIZEN OF WHAT
done during most of	working life, even if retired)	INDUSTRY	8 24:	18 6	COUNTRENS
	service		Naltemore	Co. M.L.	ZI.S.P.
13. FATHER'S NA	9.	01	14. MOTHER'S MAIDEN	NAME	
Nell	came Bleg	&F	tackel	Arok	
15. WAS DECRASED	EVER IN U.S. ARMED FORCES	1 16. SOCIAL SECURITY NO.	17 INFORMANT AND	ADDRESS	1. 4
(1 cm, 110, or unknown	service)		Cheval	June - It	witeful n.
					. 0
T DIGELORG OF	CONDITIONS DIRECTLY	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES ON	CONDITIONS DIRECTED	LEATH O TO DEATH		0	ONSET AND DEATH
Immedia	ate cause (a)	toarcus	ma of	colun	
1000 10 4.4	-4(-)				
155 Anteced	ent cause(s)		. 0		
Diseases o	r conditions, if any, (b)	020064 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		vocalabalamana, paga ga to object o tro do c o o co o o s a con a cces s as see acqu	
	to the above cause underlying cause last				0.00
	(c)				1
II. OTHER SIGNI	FICANT CONDITIONS buting to the death but not				
related to the dis	ease or condition causing deat	the more			
19a. DATE OF OP	ERATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
					1
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN) (COUNT)	Yes No (C) (STATE)
SUICIDE	OF	office bldg., etc.)	(0111 011	10 W.N.) (COCK17)	(SIAIE)
HOMICIDE (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	agripa.	
OF) (Day) (lear) (Hour)	While at Not While	HOW DID INJURI OC	CURT	
INJURY	m.	Work At work		•	
4		· · · · · · let 1	Day.	1	
22. I hereby cer	ruty that I attended the	e deceased from	, 195.0., to	6, 1957, that I last	saw the deceased
alive on clo	24 (1951 on	d that death occurred at/	2 20 Am from the	courses and on the data	4.4.1 -1 -
SIGNATURE	, 41	(Derree or title)	ADDRESS	causes and on the date s	DATE SIGNED
Signal	1	1. 11/11.0	0. 4	1. /	DATE SIGNED
4010	2 NOS (0.)	text ma.	street	11101	Nu & 1951
23. BURIAL, CRE	MATION DATE	/	RY OR CREMATORY	OCATION (City, town, or cou	nty) (State)
REMOVAL (Sp	ecify)	00/11/11/10	1	Ct - 1	In (State)
DATE DECED BY	LOCAL REGISTRAR'S	SIGNATURE O	24. FUNERAL DIRECTO	suelt,	ADDRESS.
REG.	6/	allo a forest	25. PUNEKAL DIRECTO	2//	ADDRESS
1/0/6	" Vino	uca vouvous	subsect T.	Harheur,	Hella, la



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infaprs give residence of mother)
County Haufary	state manyland county Harefund
City or town	
How long in above place of death? Sylay 6 mouth	City or town
Hospital, institution, or street address where death occurred:	Street No. Old Harburd Road
	Street No. Co. L. M. G. L. C. L.
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
marrella Twardowics	216-03-3341
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Whote Widow	20. DATE OF DEATH Law 14 1951 21 20 M
	21. VCBRTIFY foat death occurred on the date above stated; that Vattended deceased from
6.(b) Name of husband or wife August	
	July 2 1930 10 Faw 14 19 57
7. Birth dafo of	and that I last saw h. L. alive on
deceased (mo., day, yr.) 8 A.C.F. Years Months Days If less than one day	Immediate cause of death DURATION
0. 102.	The second of th
518hrsmin.	allina of
9. Birthplace Paland	Duo to Coronary mouras 74 he
(lown, county, and attace)	
10. Usual occupation House work	moto / fyperlevour Gardy- 5
11. Industry or business	Nakivlas Disesse.
1 1 1 1 1	Deshit
12. Name Blechawony 13. Birthplace Poland	Dther conditions.
	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
14. Maiden name Laskarushi 15. Birthplace Poland	
A. I. I. I. D.	Date of op.
16. Intermant	PHYSKIAN: Please underline the cause to which death should he charged statistically.
Address Frank med: Harbard Caking	
P. 18 190	22. VIOLENCE: if death was due to external causes, fill in the following;
(Burial, cremation, or removal Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory Haly Rusaics	Where did Injury occur?
Location Baltimare Coherity	injured at home, farm, industry, public place (where?)
18. Funeral director John M. Welley	Means of Injury Injured of work?
Address 40 D. Chester Higger Ballo 4	Alloyd F I Judson ma
The state of the s	23 SIGNATURE M. D. of other
19. (Date rec'd by registrar) Registrar	Forh Md Pata signed 1/15/51

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

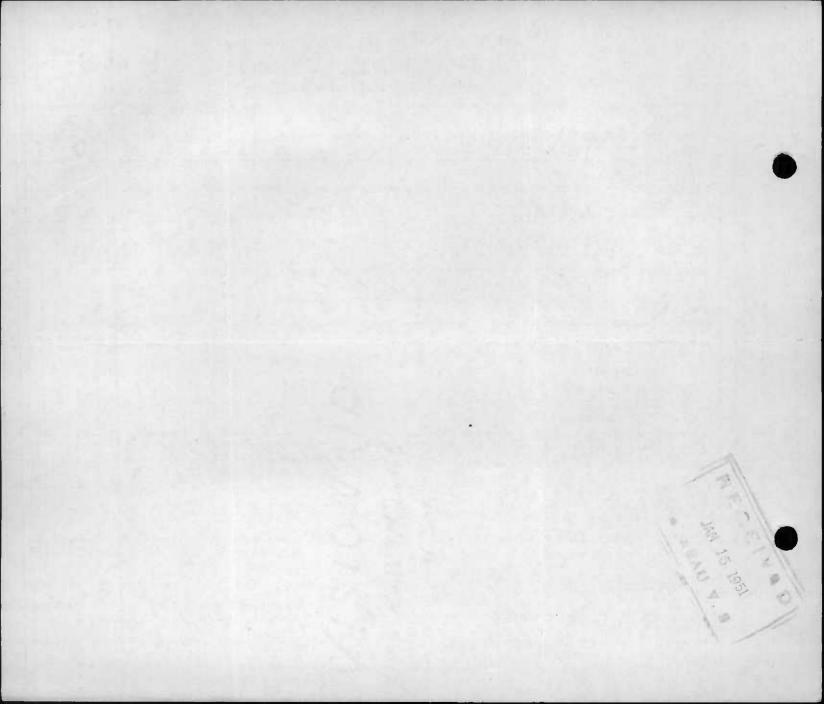
	()	58	17		
Reg.	Dist.			18	1

		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
CYTY (V	Jec.	
CITY (If outside corporate limits, write RURAL and OR give nearest town) OR John March 1 (in this place)	CITY (If outside proporate limits, frite RURAL and give OR TOWN	nearest town)
HOSPITAL OR INSTITUTION OR	STREET (If pural, give location)	PI
STREET ADDRESS	11 010. Vauleige	an it a
3. NAME OF DECEASED (Type or Print) WILLIAM J (Middle)	e ber 4. DATE (Month) DEATH Jan	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under I	year If under 24 hrs.
Specifylm	aps. 24, 1928 22 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of storing life, even if retired) 10b. Kind of Buriness or Industry	11. BIRTHPMACE (State or foreign country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME O TILL	14. MOTHER'S MAIDEN NAME	,,,,
William C. Weber	tenscrown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, the war or date of service) (III yes, the war or date of service) (IIII yes, the war or date of service) (III yes, the war or date of service	Records abeadon Change a	20. 12.0
18. MEDICAL CE	RTIFICATION	yang and
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
D	1.	
Immediate cause (a)	accon	nere
Antecedent cause(s)		
Diseases or conditions, if any, (b) giving rise to the above cause	91-006 10 T00011-001000 1000 1000 1000 00 00 00 00 00 00	
stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	struction body into	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1-000	20. AUTOPSY?
		Yes 🗆 No 💯
21. EXTERNAL CAUSE WAS PRIMARY NOR CONTRIBUTING OF Office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
CAUSE OF DEATH. INJURY P. COMP.	Apordeen Hayard	MI
OF (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?	
INJURY Jan 11950 m. work at work	suffer in front of han	n
22. I certify that I took charge of the remains described above, held an A	Autonsy Inspection M Inquiry thereon and f	rom the evidence
obtained by said Autopsy, Inspection of Inquiry, find that said dece	eased died on the day stated above, and death in my o	pinion resulted
from: natural causes , accident suicide , homicide ,	undetermined □. ADDRESS	DATE SIGNED
n 1280 1 7 14 N.1-1-	Halle Box and	DATE SIGNED
Leveld Chalmer M) Syrvey (reduced & X	anua Il wyord o. Vary in	1/2/5/
23 BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or counts)	(State)
DATE REC'D BY LOCAL / REGISTRAR'S SIGNATURE/	24. FUNERAL DIRECTOR	ADDRESS
PARIS. 12-195! Ille To Viley	Howard II, Me coment	Low
	11 1 1	1 100, 11

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

			,0,	-
Reg.	Dist.	No	185	

1. PLACE OF DEATH- COUNTY HARFORD MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	md.
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN // AVRE DE GRACE (in this place)	CITY (II outside corporate limits, write RURAL and give OR TOWN 3 / 6 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARford Memorial Hospital	STREET (If rural, give location) ADDRESS Jaure on Traff	Frid-
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) OF DEATH JANUAR	(Day) (Year) 1/20 195/
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) (Specify) (Specify)	8. DATE OF BIRTH 9. AGE last hirthday If under Many 11, 1880 70 yrs.	year If under 24 hrs.
The USUAL OCCUPATION (Give kind of work divided in the during most of working life, even if retired) INDUSTRY OF PLANTON		COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) service) 212-05-0707	17. INFORMANT AND ADDRESS I	
18. MEDICAL CE	DOTES (CATSON)	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	A de la comi	INTERVAL BETWEEN ONSET AND DEATE
422 Immediate cause (a)	1. (1)	- was 60 as by 60 annual of amount of the feet of
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Myoundets.	# 8 50 60 80 1 mb yen od bosmnonia 45 550 00 a Amed
(c) Chance	Informations.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No Y
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Write At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from		
alive on 20, 195, and that death occurred at SIGNATURE: (Degree or title)	ADDRESS J. Munn Our	ated above.
23. BURIAL CREMATION DATE THEREOF , NAME OF GENETE	TO OR CREMATORY LOÇAPION (Clys, town, or count	/
BEMOVAL (Specify) Car. 23, 105M Nock Ru	n Harlord	ma.
DATE REC'D BY LOCAL REGISTRAR'S EIGNATURE HEG 1-195 U. L. Lewio W. D	24 JUNERAL DIRECTOR Whichell H	ADDRESS GAR
	10378	md.



correct age

MARYLAND STATE DEPARTMENT OF HEALTH

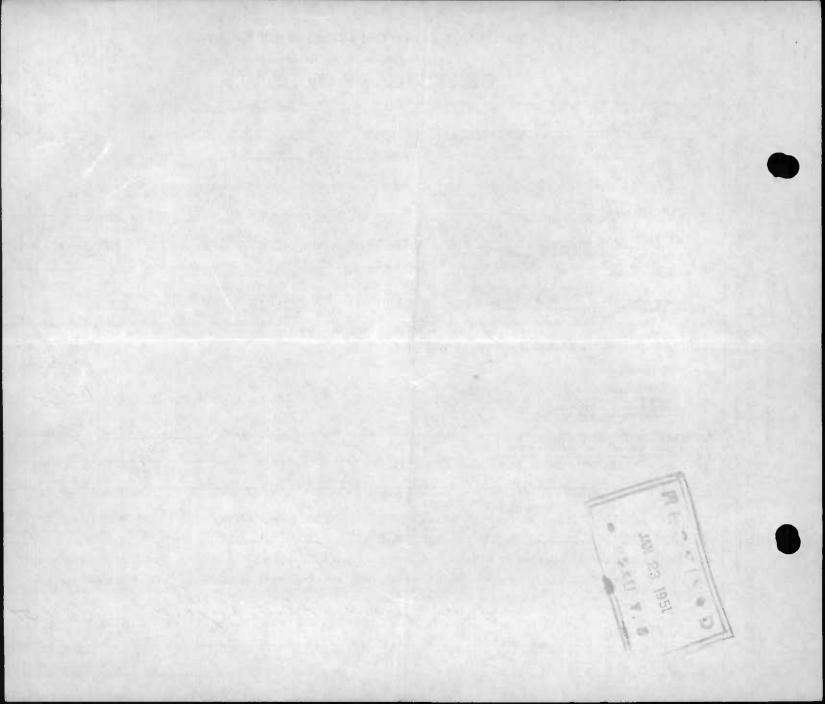
2411 N. Charles Street, Baltimore

0589

CERTIFICATE OF DEATH

leg. Dist. No. 185

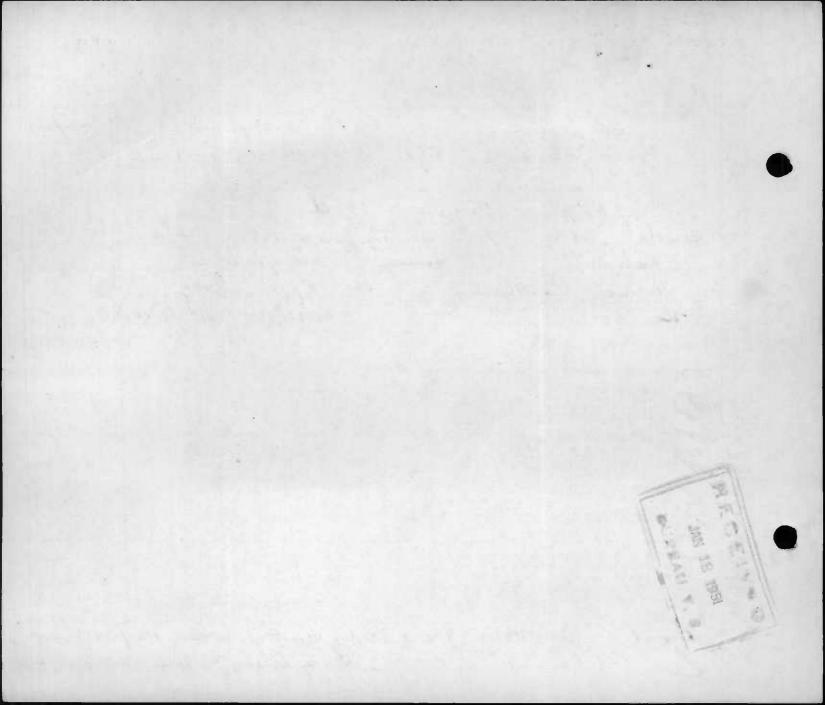
1. PLACE OF DEATH HARtord Memori	ALHOSPI	2. USUAL RESIDENCE (HO		ATTENTO
	RYLAND	STATE MARYL	AND	NTY CECIL
CITY (If outside corporate limits, write RURAL and LENC	GTH OF STAY this, place)	CITY (II outside corporate	limits, write RURAL and	d give nearest town)
	3 0 4 4 3	TOWN PORT	DEPOSIT	
HOSPITAL OR		STREET ADDRESS	(If rural, give location	a)
INSTITUTION OR HAR FORD Memor	194 HOSH	ADDICESS		/
3. NAME OF (First) (Middle	•)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED HDDIE	W	ILLIAMO	OF DEATH Con.	20 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, M	MARRIED, 1		AGE last birthday If un	der I year If under 24 hrs.
FEMALE White (Specify)	DIVORCED.	1864-July 27	\$6 yrs. Mon	the Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF	BUSINESS OR	11. BIRTHPLACE (State or	oreign country)	12. CITIZEN OF WHAT
done during most of working life, even lf retired) INDUSTRY	wite	County Co	eril md	COUNTRY? 1. S
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME /	
Josephid England		Eliza Ran	grant.	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL S	SECURITY NO.	17. INFORMANT AND A		.,
(Yes, no, or unknown) (If yes, give war or dates of service)	(levence Wil	liams Charl	estore ml
	8. MEDICAL CERT	TIFICATION		1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH			INTERVAL BETWEEN ONSET AND DEATH
				. 0
Immediate cause (a) Thr365	0-15 704	-240. / Usin	2 w/00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	90K-
5705		0		
Antecedent cause(s) Diseases or conditions, if any, (b)	tino/	NISicking	For obstract:	an 6 days.
giving rise to the above cause		en - 100 100 0 0 10 0 10 10 10 10 10 10 10 1	50-19,000 000 000 00 000 00 0000 0000 0000	
122 by stating the underlying cause last	Failone	Smile a Chin	ic Invocation	1 / 1/11
II. OTHER SIGNIFICANT CONDITIONS		CANTA A CHISTI	11 cm/0(. 24.1	13 1009000
Conditions contributing to the death but not related to the disease or condition causing death.	21.14			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF	OPERATION	/		20, AUTOPSY?
Intestin		TRUCTION		
The state of the s	2 .A 1 1	(CITY OR TO	WN) (COUN	TY) (STATE)
SUICIDE OF office bldg., et	c.)		(000)	/ (52122)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCC	URRED	HOW DID INJURY OCC	JR?	
OF While at N	Not While At work			
INJURY m. Work	At WOLK			
22. I hereby certify that I attended the deceased from	om Jolic	, 1947, to Bul9	, 195, that I las	st saw the deceased
		4		
alive on Joh / , 1950, and that death	occurred at	ADDRESS	auses and on the date	e stated above. DATE SIGNED
SIGNATURE	0 1 2	ADDITION .	6 / /	DATE SIGNED
I marcha	In. hus	b. Nort d	1. 102.1	1-/28/57
	E OF CEMETER		CATION (City, town, or c	
Bund (Specify)	hewell	cem, in	a Port Depos	it. Ind.
DATE REC'D BY LOCAL WREGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		· ADDRESS
REG. Jan. 20-5) G. L. Leuri	m.	1. 2. Jan	200 R	ising Dun. m



CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 18

I. PLACE OF DEATH, COUNTY HOT LONG MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	Hartord
CITY (If outside corporate limits, write RURAL and OR give hearest town) (in other place) TOWN Howe de Inace lawre (in other place)	CITY (If outside conforate limits, write RURAL and giv OR Haure de Grace Ruly	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Mype or Print) / 38. (Vinginia W	(Lag) 4. DATE (Month) OF DEATH January	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specily) WANNIED	8. DATE OF BIRTH 9. AGE last birthday II forder Months Yes. Was 10 - 1896	Days If under 24 hre Days Hours Min.
done during plost of working life, even if retired) NDUSTRY		CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Harrison ra Wood	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
352 Immediate cause (a) Hemplege		none
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		01000000 0410101010101010101010101010101
(c)		
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No V
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH. INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m. work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decentaries in the said causes accident □, suicide □, homicide □, SIGNATURE (Degree or title)	ased died on the day stated above, and death in my	from the evidence opinion resulted DATE SIGNED
Lewell C Palmer M.D. Dopoly Medical Examin	ar Joyland Co. Edding	1/15/51
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) Jun 17th (55) Troug Pre	dry Comotory aberdeen Harfor	of Co. Wid.
REG. 6 - 5 COLL STRAK'S SIGNATURE.	Leury Tarring and Sous also	ADDRESS deer made



VS. A15

The correct age

Eyidence	for	addition	
in #18	shown	on:	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

		0591
Reg.	Dist.	No. 183

FILM No.	G	1 3 0 .IAN	29	CERTIFICATE OF DEATH	
FILM No.	G	130 JAN	29	1951	71H

Manual Park	20 JAN 29 19	15			
I. PLACE OF DEATI	1 ·		2. USUAL RESIDENCE (HOME) OF DECEASE	ED·
COUNTY HA	RFORD	MARYLAND	STATE MARY/A	nd	COUNTY HARFORD
CITY (If outside co	rporate limits, write RUR				L and give nearest town)
OR give pearest	town)	(in this place)	II OR	1-	
HOSPITAL OR	EL OF GRI	ACE 17 DAYS	TOWN HAURE STREET	(If rural, give lo	
INSTITUTION OF	110 11	15-2-1 11-1	ADDDDDD -/	R	cation)
STREET ADDRES		Emorial Hosp.	ADDRESS 362	Dourbon	
3. NAME OF	(First)	(Middle)	(Last)		onth) (Day) (Year)
DECEASED (Type or Print)	JuliA		Wood	OF DEATH JAI	THARY 9. 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow Ed	S. DATE OF BIRTH	9. AGE last hirthday	If under I year If under 24 hrs Months Days Hours Min.
100 USUAL OCCUP	ATION (Give kind of work		II. BIRTHPLACE (State		1 12. CITIZEN OF WHAT
done living most of w	life, ven if retired)		Hande	Rese	COUNTRY?
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	INAME	
Jahn W	eleberal.		men	mon	
(Yes, no, or unknown)	(If yes, give war or dates	of 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS 363	Boulon W.
	is a vice	18. MEDICAL CE	PTIEICATION		The same of the sa
			RIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	1 () -	` _	ONSET AND DEATE
		Mossonals.	e ed como	elloma	
Immediate	e cause (a)	X S S S S S S S S S S S S S S S S S S S		······································	
Anteceden	t cansa(c)	Pall soid	SO Lanel	ene Al h	16:
	conditions, if any, (b)	1 amoregia	a gua	ac of	P
462 giving rise to	the shove cause		7	O	
stating the u	nderlying cause last C	arcinoma of the co	lon is the most	probable pri	imary site
II. OTHER SIGNIFI	(e)			(1/3/51	akc)
Conditions contribu	ting to the death hut not			(-/ -4)-	4,607
related to the disease	e or condition causing dea	th.			
19a. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes 🗆 No 🗡
21. ACCIDENT SUICIDE HOMICIDE	OF	ACE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR	TOWN) (C	COUNTY) (STATE)
TIME (Month)		INJURY OCCURRED	I HOW DID INJURY OC	CUR?	
OF		While at Not While Work At work			
INJURY	m.	1 WOLK At WOLK			
22. I hereby certi	fy that I attended th	ne deceased from PEC. 2:	3, 19.50, to JAA.	9,, 19.57, that	I last saw the deceased
alive on	JAO- 9- 1951 at	nd that death occurred at	// P. m. from the	causes and on the	date stated above.
SIGNATURE	. 0 -	(Degree or title)	ADDRESS	0 1 11	DATE SIGNED
	1. 600	Tollano M	.D. Hau	bend Me	un creather
	/ -	W			7-965
REMOVAL Pec	ATION DATE THERE	NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, toye	or county) (State)
DATE REC'D BY	LOCAL REGISTAR'S	SIGNATURE	24 FUNERAL DIRECTO	OR .	ADDRESS
REG.	51 /19	Levis mot A	Character	T. 160.	
	5-01 a. 0	· 01.00 10.10			
/'			O	Home de 4	desce, Md.

